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| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| DISTRICT OF NEW JERSEY                          | -                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | ■ Chapter 7                     |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | ☐ Chapter 13                    | Check if this is an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |   |
|-----|--|---|---|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | First name  P  Middle name  lorio  Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years  |   |   |
|     | Include your married or maiden names.  |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-9252   |   |

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Debtor 1 Gerald P Iorio Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs.  Business name(s)  EIN   | ☐ I have not used any business name or EINs.  Business name(s)  EIN  |
| 5. | Where you live   | 106 Beechwood Road  | If Debtor 2 lives at a different address:  |
|    |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |  | Morris  | County   |
|    |  | County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                               |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |  |   |  |

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Case number (if known) Debtor 1 **Gerald P Iorio** Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District District When Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

bankruptcy petition.

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| Deb | otor 1 Gerald P Iorio   |                        |   | Case number (if known)   |  |  |  |  |
|-----|---|------------------------|---|--|--|--|--|--|
|     |   |                        |   |  |  |  |  |  |
| Par | t 3: Report About Any Bu  | sinesses               | You Own as a Sole Proprie   | tor  |  |  |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to Part 4.   |  |  |  |  |  |
|     | buomeoo.  | ☐ Yes.                 | Name and location of bus  | siness   |  |  |  |  |
|     | A sole proprietorship is a  | 00.                    |   |  |  |  |  |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name of business, if any  |  |  |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Number, Street, City, Sta   | te & ZIP Code  |  |  |  |  |
|     | it to this petition.  |                        | Check the appropriate bo  | ox to describe your business:  |  |  |  |  |
|     |   |                        | ☐ Health Care Busi  | ness (as defined in 11 U.S.C. § 101(27A))  |  |  |  |  |
|     |   |                        | ☐ Single Asset Rea  | Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |  |
|     |   |                        | ☐ Stockbroker (as o   | lefined in 11 U.S.C. § 101(53A))   |  |  |  |  |
|     |   |                        | ☐ Commodity Broke   | er (as defined in 11 U.S.C. § 101(6))  |  |  |  |  |
|     |   |                        | ☐ None of the above   | e  |  |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                           | deadlines<br>operation | s. If you indicate that you are   | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |  |  |  |  |
|     |   | ■ No.                  | I am not filing under Chap  | oter 11.   |  |  |  |  |
|     | For a definition of small business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am filing under Chapter<br>Code.  | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |  |  |  |  |
|     |   | ☐ Yes.                 | I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, a I do not choose to proceed under Subchapter V of Chapter 11. |  |  |  |  |  |
|     |   | ☐ Yes.                 |   | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and er Subchapter V of Chapter 11.  |  |  |  |  |
| Par | t 4: Report if You Own or   | Have Any               | Hazardous Property or An  | y Property That Needs Immediate Attention  |  |  |  |  |
| 14. | Do you own or have any  | ■ No.                  |   |  |  |  |  |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and  | ☐ Yes.                 | What is the hazard?   |  |  |  |  |  |
|     | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?                        |                        | If immediate attention is needed, why is it needed?   |  |  |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |                        | Where is the property?  | Number, Street, City, State & Zip Code   |  |  |  |  |
|     |   |                        |   |  |  |  |  |  |

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Debtor 1 Gerald P Iorio Case number (if known)

\_\_\_\_

### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

| I received a briefing from an approved credit                         |
|---|
| counseling agency within the 180 days before I filed                  |
| this bankruptcy petition, and I received a certificate of completion. |
|   |

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| DCL | Geralu P IOTIO  |   |  |   |   |  |  |  |  |
|-----|---|---|--|---|---|--|--|--|--|
| Par | t 6: Answer These Questi  | ions for R                              | eporting Purposes  |   |   |  |  |  |  |
| 16. | What kind of debts do you have?   | 16a.                                    |  | consumer debts? Consumer debts are de ersonal, family, or household purpose."   | fined in 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |  |
|     |   |   | Yes. Go to line 17.  |   |   |  |  |  |  |
|     |   | 16b.                                    | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |   |  |  |  |  |
|     |   |   | ☐ No. Go to line 16c.  |   |   |  |  |  |  |
|     |   |   | ☐ Yes. Go to line 17.  |   |   |  |  |  |  |
|     |   | 16c.                                    | State the type of debts you  | u owe that are not consumer debts or busine   | ess debts   |  |  |  |  |
| 17. | Are you filing under Chapter 7?   | □ No.                                   | I am not filing under Chapt  | ter 7. Go to line 18.   |   |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and            | ■ Yes.                                  |  | <ol> <li>Do you estimate that after any exempt pro<br/>available to distribute to unsecured creditors</li> </ol>          | perty is excluded and administrative expenses s?  |  |  |  |  |
|     | property is excluded and administrative expenses are paid that funds will |   | ■ No   |   |   |  |  |  |  |
|     | be available for<br>distribution to unsecured<br>creditors?               |   | ☐ Yes  |   |   |  |  |  |  |
| 18. | How many Creditors do you estimate that you owe?                          | ■ 1-49<br>□ 50-99<br>□ 100-1<br>□ 200-9 | 99   | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |  |  |  |
| 19. | How much do you estimate your assets to be worth?                         | <b>□</b> \$100,                         | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million   | ■ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |  |  |
| 20. | How much do you estimate your liabilities to be?                          | □ \$100,                                | 50,000<br>101 - \$100,000<br>101 - \$500,000<br>1001 - \$1 million   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |  |  |
| Par | t7: Sign Below  |   |  |   |   |  |  |  |  |
| For | you   | I have ex                               | amined this petition, and I d  | declare under penalty of perjury that the info  | rmation provided is true and correct.   |  |  |  |  |
|     |   |   |  | r 7, I am aware that I may proceed, if eligible<br>e relief available under each chapter, and I o                         |   |  |  |  |  |
|     |   |   |  | d not pay or agree to pay someone who is not the notice required by 11 U.S.C. § 342(b).                                   | oot an attorney to help me fill out this  |  |  |  |  |
|     |   | I request                               | relief in accordance with the  | e chapter of title 11, United States Code, sp   | ecified in this petition.   |  |  |  |  |
|     |   | bankrupt<br>and 3571                    | cy case can result in fines u  | nt, concealing property, or obtaining money up to \$250,000, or imprisonment for up to 20                                 | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,                                   |  |  |  |  |
|     |   | Gerald                                  | P Iorio  | Signature of Debt   | or 2  |  |  |  |  |
|     |   | Signature                               | e of Debtor 1  |   |   |  |  |  |  |
|     |   | Executed                                | June 23, 2022<br>MM / DD / YYYY  | Executed on   | M / DD / YYWY   |  |  |  |  |
|     |   |   | IVIIVI / UU / YYYY   | MI  | M / DD / YYYY   |  |  |  |  |

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Debtor 1 Gerald P Iorio Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Scott D     | . Sherman              | Date          | June 23, 2022              |
|-----------------|------------------------|---------------|----------------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY             |
|                 | _                      |               |                            |
| Scott D. S      | herman                 |               |                            |
| Printed name    |                        |               |                            |
| MINION &        | SHERMAN                |               |                            |
| Firm name       |                        |               |                            |
| 33 Clinton      | Road                   |               |                            |
| Suite 105       |                        |               |                            |
| West Cald       | well, NJ 07006         |               |                            |
| Number, Street, | City, State & ZIP Code |               |                            |
| Contact phone   | (973) 882-2424         | Email address | ssherman@minionsherman.com |
| NJ              |                        |               |                            |
| Bar number & St | tate                   |               |                            |

|        | Case 2           | 2-15082-JKS                                       | Doc 1          | Filed 06/<br>Documer |               | Entered<br>ge 8 of 5  | 06/23/22<br>9  | 2 10:35:2       | 29 E    | Desc M       | ain           |
|--------|------------------|---|----------------|----------------------|---------------|-----------------------|----------------|-----------------|---------|--------------|---------------|
| Fill   | in this informat | tion to identify your o                           | case:          | Documen              | it i d        | ige o oi o            | 3              |                 |         |              |               |
| Del    | otor 1           | Gerald P Iorio                                    |                |                      |               |                       |                |                 |         |              |               |
| Dok    | otor 2           | First Name  | Middle N       | lame                 | Last          | Name                  |                |                 |         |              |               |
|        |                  | First Name  | Middle N       | lame                 | Last          | Name                  |                |                 |         |              |               |
| Uni    | ted States Bankı | ruptcy Court for the:                             | DISTRICT       | OF NEW JERS          | SEY           |                       |                |                 |         |              |               |
| Cas    | se number        |   |                |                      |               |                       |                |                 |         |              |               |
| (if kn | nown)            |   |                | _                    |               |                       |                |                 | _       | heck if thi  |               |
|        |                  |   |                |                      |               |                       |                |                 | а       | mended fi    | ling          |
| Oŧ     | ficial Form      | n 1060  |                |                      |               |                       |                |                 |         |              |               |
|        |                  | <u>n 106Sum</u><br>Your Assets a                  | nd Liah        | ilitias an <i>i</i>  | d Cartai      | n Statict             | ical Info      | rmation         |         | 12/1         | -             |
|        |                  | l accurate as possible                            |                |                      |               |                       |                |                 |         |              |               |
|        |                  | t all of your schedule<br>, you must fill out a r |                |                      |               |                       |                | filing amen     | ded scl | nedules a    | fter you file |
|        |                  | ze Your Assets                                    |                | ,                    |               |                       | -  9           |                 |         |              |               |
| ı aı   | CT. Camman       | zo Tour Assets                                    |                |                      |               |                       |                |                 | V       | our assets   |               |
|        |                  |   |                |                      |               |                       |                |                 |         |              | at you own    |
| 1.     | Schedule A/B     | : Property (Official Fo                           | rm 106A/B)     |                      |               |                       |                |                 | •       | 4            | 000 000 00    |
|        | 1a. Copy line 5  | 55, Total real estate, fro                        | om Schedule    | A/B                  |               |                       |                |                 | \$      |              | ,000,000.00   |
|        | 1b. Copy line 6  | 2, Total personal prop                            | erty, from So  | hedule A/B           |               |                       |                |                 | \$      |              | 48,253.00     |
|        | 1c. Copy line 6  | 3, Total of all property                          | on Schedule    | e A/B                |               |                       |                |                 | \$      | 1            | ,048,253.00   |
| Par    | t 2: Summari     | ze Your Liabilities                               |                |                      |               |                       |                |                 |         |              |               |
|        |                  |   |                |                      |               |                       |                |                 | Yo      | our liabilit | ies           |
|        |                  |   |                |                      |               |                       |                |                 | Ar      | nount you    | owe           |
| 2.     |                  | reditors Who Have Cla<br>otal you listed in Colun |                |                      |               |                       | of Part 1 of S | Schedule D      | . \$    |              | 643,476.00    |
| 3.     |                  | Creditors Who Have U                              |                |                      |               |                       |                |                 |         |              |               |
| 0.     |                  | otal claims from Part 1                           |                |                      |               |                       | e <i>E/F</i>   |                 | \$      |              | 78,900.00     |
|        | 3b. Copy the t   | otal claims from Part 2                           | 2 (nonpriority | unsecured cla        | ims) from lii | ne 6j of <i>Sched</i> | dule E/F       |                 | \$      |              | 157,704.53    |
|        |                  |   |                |                      |               |                       |                |                 |         |              |               |
|        |                  |   |                |                      |               |                       | Your to        | otal liabilitie | s \$    | 8            | 80,080.53     |
| D      |                  | VI  | <b>F</b>       |                      |               |                       |                |                 |         |              |               |
| Par    | <u>'</u>         | ze Your Income and                                |                |                      |               |                       |                |                 |         |              |               |
| 4.     |                  | ur Income (Official For<br>bined monthly income   |                | of Schedule I.       |               |                       |                |                 | \$      |              | 9,516.56      |
| 5.     |                  | our Expenses (Official                            |                |                      |               |                       |                |                 | •       |              | 17 202 67     |
|        | Copy your mor    | nthly expenses from lir                           | ne 22c of Sch  | edule J              |               |                       |                |                 | \$      |              | 17,293.67     |
| Par    | t 4: Answer 1    | These Questions for                               | Administrati   | ve and Statisf       | tical Recor   | ds                    |                |                 |         |              |               |

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
  - □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
  - Yes
- What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Gerald P Iorio Case number (if known)

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

15,277.77

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | claim     |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 78,900.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 78,900.00 |

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| Fill in this information   |  |                      | <u> </u>     | ument   | Page 10 of 59  |  | _   |  |
|--|--|----------------------|--------------|---|--|--|---|--|
|  | to identify you                                  | r case and th        | is filing    | :   |  |  |   |  |
|  | ald P Iorio                                      |                      |              |   |  |  |   |  |
| First Debtor 2   | Name   | Middle               | : Name       |   | Last Name  |  |   |  |
| Spouse, if filing) First   | Name   | Middle               | Name         |   | Last Name  |  |   |  |
| United States Bankruptc  | y Court for the:                                 | DISTRICT             | OF NEW       | V JERSEY  |  |  |   |  |
| Case number  |  |                      |              |   | _  |  |   | Check if this is a mended filing   |
| nink it fits best. Be as cor   | B: Property list and descripplete and accurrence | be items. List a     | le. If two r | married peopl   | an asset fits in more than on<br>le are filing together, both are<br>ne top of any additional page | e equally resp   | onsible for su  | pplying correct  |
|  |  |                      |              |   | wn or Have an Interest In  |  |   |  |
| □ No. Go to Part 2.  |  | ne interest in a     |              |   |  |  |   |  |
| No. Go to Part 2.  ■ Yes. Where is the pro   | perty?   |                      | What i       | Single-family   |  |  |   | aims or exemptions. Put<br>d claims on <i>Schedule D:</i>  |
| No. Go to Part 2.  ■ Yes. Where is the pro  1.1  8 Dellwood Dr.                        | perty?   |                      | What i       | Single-family Duplex or mu Condominium  | •  | the amoun<br>Creditors V   | t of any secure<br>Who Have Clair   | d claims on Schedule D:<br>ms Secured by Property.   |
| No. Go to Part 2.  ■ Yes. Where is the pro  1.1  8 Dellwood Dr.                        | perty?   |                      |              | Single-family Duplex or mu Condominium  | home<br>liti-unit building<br>n or cooperative   | Current va   | t of any secure Who Have Clair alue of the perty?   | d claims on Schedule D:<br>ms Secured by Property.  Current value of the<br>portion you own?         |
| No. Go to Part 2.  Yes. Where is the pro  8 Dellwood Dr.  Street address, if available | perty?   | n                    |              | Single-family Duplex or mu Condominium  Manufactured Land Investment p Timeshare Other has an interes | home Ilti-unit building n or cooperative d or mobile home roperty                                  | Current va<br>entire proj<br>\$1,00<br>Describe t<br>(such as fo                 | t of any secure Who Have Clair alue of the perty? 00,000.00 the nature of y ee simple, ten te), if known. | d claims on Schedule D:<br>ms Secured by Property.  Current value of the                             |
| No. Go to Part 2.  Yes. Where is the pro  8 Dellwood Dr.  Street address, if available | perty? e, or other description                   | n<br><b>932-0000</b> |              | Single-family Duplex or mu Condominium Manufactured Land Investment p Timeshare Other                 | home  Ilti-unit building n or cooperative d or mobile home  roperty  It in the property? Check one | Current va<br>entire pro<br>\$1,00<br>Describe t<br>(such as fa<br>a life estate | t of any secure Who Have Clair alue of the perty? 00,000.00 the nature of y ee simple, ten te), if known. | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$1,000,000.0 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Gerald P lorio

Case number (if known)

| Der         | 0101 1 6                              | eraid Piorio  | Ca   | ise number (ir known)      |   |
|-------------|---------------------------------------|---|--|----------------------------|---|
| 3. <b>C</b> | Cars, vans,                           | trucks, tractors, sport u                                     | ıtility vehicles, motorcycles  |                            |   |
|             | ] No                                  |   |  |                            |   |
|             | Yes                                   |   |  |                            |   |
|             |                                       |   |  |                            |   |
| 3.1         | 1 Make:                               | GMC   | Who has an interest in the property? Check one   |                            | claims or exemptions. Put<br>ired claims on Schedule D:   |
|             | Model:                                | Acadia  | Debtor 1 only  |                            | laims Secured by Property.  |
|             | Year:                                 | 2019  | Debtor 2 only  | Current value of the       | Current value of the  |
|             |                                       |   | <b>1,000</b> ☐ Debtor 1 and Debtor 2 only  | entire property?           | portion you own?  |
|             | Other in                              | formation:  | At least one of the debtors and another  |                            |   |
|             |                                       |   | Check if this is community property (see instructions)   | \$20,303.00                | \$20,303.00   |
| 5 / Pari    | pages you<br>t 3: Descri<br>you own o | have attached for Part 2                                      | you own for all of your entries from Part 2, including and the state of the sensesehold Items table interest in any of the following items?                          |                            | \$20,303.00  Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|             | Examples:<br>□ No<br>■ Yes. De        | scribe Ordinary   | Furniture : 106 Beechwood Road, Florham Park NJ 07932  |                            | \$2,000.00  |
|             |                                       | Ordinary  | Furniture  |                            |   |
|             |                                       |   | : 8 Dellwood, Florham Park NJ 07932  |                            | \$5,000.00  |
|             |                                       | Televisions and radios; au including cell phones, car escribe | udio, video, stereo, and digital equipment; computers, printe<br>neras, media players, games<br>line Frig; Cell Phone<br>: 106 Beechwood Road, Florham Park NJ 07932 | rs, scanners; music collec | ctions; electronic devices  |
|             |                                       |   |  |                            |   |
|             |                                       |   | s, 3 TVs,, 3 Laptops<br>: 8 Dellwood, Florham Park NJ 07932  |                            | \$4,000.00  |
|             |                                       | Antiques and figurines; pa<br>other collections, memora       | nintings, prints, or other artwork; books, pictures, or other art<br>abilia, collectibles  | objects; stamp, coin, or b | paseball card collections;  |

Official Form 106A/B Schedule A/B: Property page 2

Filed 06/23/22 Entered 06/23/22 10:35:29 Case 22-15082-JKS Doc 1 Desc Main Page 12 of 59 Document Case number (if known) Debtor 1 **Gerald P Iorio** \$1,000.00 Baseball Memorabilia 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No ■ Yes. Describe..... 7 Bikes Location: 106 Beechwood Road, Florham Park NJ 07932 and 8 \$1,000.00 Dellwood, Florham Park Golf Clubs \$300.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$2,000.00 **Ordinary Clothing** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$3,500.00 2 Wrist Watches and Misc. Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$20,300.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

Yes.....

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Case number (if known)

|     | Geralu F IOI   | 10                                |  |  |                             |
|-----|--|-----------------------------------|--|--|-----------------------------|
|     |  |                                   |  | Cash   | \$100.00                    |
| 17. | institutions.  |                                   |  | nts; certificates of deposit; shares in credit unions, brokerage ho<br>vith the same institution, list each.                         | ouses, and other similar    |
|     | ☐ No ■ Yes   |                                   |  | Institution name:  |                             |
|     |  | 17.1.                             | Checking and<br>Savings                          | Chase Bank   | \$2,000.00                  |
|     |  | 17.2.                             | Checking and<br>Savings                          | Bank of America  | \$550.00                    |
| 18. | ■ No   |                                   | ent accounts with brok                           | erage firms, money market accounts   |                             |
|     | ☐ Yes  |                                   | Institution or issuer na                         | ame:   |                             |
| 19. | Non-publicly traded st joint venture  No                                 | ock and                           | interests in incorpor                            | ated and unincorporated businesses, including an interest  | in an LLC, partnership, and |
|     | ☐ Yes. Give specific inf   |                                   | about them<br>me of entity:                      | <br>% of ownership:  |                             |
| 20. | Negotiable instruments Non-negotiable instrum  No                        | include <sub>l</sub><br>nents are | personal checks, cashi<br>those you cannot trans | able and non-negotiable instruments lers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them. |                             |
|     | ☐ Yes. Give specific info  |                                   | about them<br>uer name:                          |  |                             |
| 21. | Retirement or pension  Examples: Interests in                            |                                   |  | 3(b), thrift savings accounts, or other pension or profit-sharing p  | lans                        |
|     | Yes. List each accour  |                                   | tely.<br>of account:                             | Institution name:  |                             |
|     |  | SEP                               | IRA  | Charles Schwabb & Co, Inc.<br>(not property of the estate)   | \$0.00                      |
|     |  | 401(                              | k)   | Mass Mutual<br>(not property of the estate)  | \$0.00                      |
| 22. | Security deposits and<br>Your share of all unuse<br>Examples: Agreements | d deposi                          | ts you have made so tl                           | nat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications compani                | es, or others               |
|     | ■ No □ Yes   |                                   |  | Institution name or individual:  |                             |
| 23. |  | or a perio                        | dic payment of money                             | to you, either for life or for a number of years)  |                             |
|     | ■ No □ Yes Is  | suer nam                          | ne and description.                              |  |                             |
| 24. | 26 U.S.C. §§ 530(b)(1),  |                                   |  | alified ABLE program, or under a qualified state tuition prog  | ıram.                       |
|     | □ No ■ Yes In  | stitution i                       | name and description.                            | Separately file the records of any interests.11 U.S.C. § 521(c):   |                             |

Case 22-15082-JKS Doc 1 Filed 06/23/22 Entered 06/23/22 10:35:29 Desc Main Page 14 of 59 Document Case number (if known) Debtor 1 **Gerald P Iorio** Vanguard 529 Accounts for children (not property of the estate pursuant to 11 U.S.C. Sectionb 541(b)(6)) \$0.00 Total Value of Accounts: \$94,000 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No ■ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 1040 taxes 2021 Federal & State Unknown 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: State Farm **Spouse** \$0.00 (Term Life - No Cash Value)

#### 32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

☐ Yes. Give specific information..

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Debtor 1 Gerald P Iorio Case number (if known)

|     | Claims against third parties, whether or not you have filed a law Examples: Accidents, employment disputes, insurance claims, or r |                             | and for payment             |                          |
|-----|--|-----------------------------|-----------------------------|--------------------------|
|     | ☐ Yes. Describe each claim   |                             |                             |                          |
| ı   | Other contingent and unliquidated claims of every nature, inclu  No  | uding counterclaims o       | of the debtor and rights to | o set off claims         |
| I   | Yes. Describe each claim   |                             |                             |                          |
|     | Any financial assets you did not already list  |                             |                             |                          |
|     | ■ No □ Yes. Give specific information  |                             |                             |                          |
| 36. | Add the dollar value of all of your entries from Part 4, includir for Part 4. Write that number here                               |                             |                             | \$2,650.00               |
| Par | Describe Any Business-Related Property You Own or Have an Inte   | rest In. List any real esta | ite in Part 1.              |                          |
| 37. | Do you own or have any legal or equitable interest in any business-relat   | ted property?               |                             |                          |
|     | No. Go to Part 6.  |                             |                             |                          |
|     | Yes. Go to line 38.  |                             |                             |                          |
| Par | 16: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.  | ມ Own or Have an Interes    | st In.                      |                          |
| 46. | Do you own or have any legal or equitable interest in any farm-  | or commercial fishin        | ig-related property?        |                          |
|     | ■ No. Go to Part 7.  |                             |                             |                          |
|     | ☐ Yes. Go to line 47.  |                             |                             |                          |
|     |  |                             |                             |                          |
| Par | 7: Describe All Property You Own or Have an Interest in That Yo  | u Did Not List Above        |                             |                          |
| 53. | Do you have other property of any kind you did not already list  | ?                           |                             |                          |
|     | Examples: Season tickets, country club membership  ☐ No  |                             |                             |                          |
|     | ■ Yes. Give specific information   |                             |                             |                          |
|     | Tes. Give specific information   |                             |                             |                          |
|     | Marriot Vacation Club Aruba - F<br>(2 Weeks)   | Plaitinum Plus              |                             | \$5,000.00               |
| 54. | Add the dollar value of all of your entries from Part 7. Write th  | nat number here             |                             | \$5,000.00               |
| Par | List the Totals of Each Part of this Form  |                             |                             |                          |
| 55. | Part 1: Total real estate, line 2  |                             |                             | \$1,000,000.00           |
| 56. | Part 2: Total vehicles, line 5   | \$20,303.00                 |                             |                          |
| 57. | Part 3: Total personal and household items, line 15  | \$20,300.00                 |                             |                          |
| 58. | Part 4: Total financial assets, line 36  | \$2,650.00                  |                             |                          |
| 59. | Part 5: Total business-related property, line 45   | \$0.00                      |                             |                          |
| 60. | Part 6: Total farm- and fishing-related property, line 52  | \$0.00                      |                             |                          |
| 61. | Part 7: Total other property not listed, line 54 +   | \$5,000.00                  |                             |                          |
| 62. | Total personal property. Add lines 56 through 61   | \$48,253.00                 | Copy personal property      | sotal <b>\$48,253.00</b> |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62   |                             |                             | \$1.048.253.00           |

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| Fill in this infor                      |                |                        |           |                     |
|---|----------------|------------------------|-----------|---------------------|
| Debtor 1                                | Gerald P Iorio |                        |           |                     |
|   | First Name     | Middle Name            | Last Name |                     |
| Debtor 2                                |                |                        |           |                     |
| (Spouse if, filing)                     | First Name     | Middle Name            | Last Name |                     |
| United States Bankruptcy Court for the: |                | DISTRICT OF NEW JERSEY |           |                     |
| Case number _                           |                |                        |           |                     |
| (if known)                              |                |                        |           | Check if this is an |
|   |                |                        |           | amended filing      |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Property | / You ( | Claim as | Exempt |
|---------|----------|--------------|---------|----------|--------|
|         |          |              |         |          |        |

|  | ☐ You are claiming state and federal nonbar  | nkruptcy exemptions.   | 11 U.S | S.C. § 522(b)(3)  |                       |  |  |  |
|--|--|--|--------|---|-----------------------|--|--|--|
| ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) |  |  |        |   |                       |  |  |  |
| 2.   | For any property you list on Schedule A/E  | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |        |   |                       |  |  |  |
|  | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own                             |        | Specific laws that allow exemption                              |                       |  |  |  |
|  |  | Copy the value from<br>Schedule A/B  | Che    | eck only one box for each exemption.                            |                       |  |  |  |
|  | 8 Dellwood Dr. Florham Park, NJ<br>07932 Morris County                                 | \$1,000,000.00   |        | \$22,800.00   | 11 U.S.C. § 522(d)(1) |  |  |  |
|  | Line from Schedule A/B: 1.1  |  |        | 100% of fair market value, up to any applicable statutory limit |                       |  |  |  |
|  | Ordinary Furniture Location: 106 Beechwood Road.                                       | \$2,000.00   |        | \$2,000.00  | 11 U.S.C. § 522(d)(3) |  |  |  |
|  | Florham Park NJ 07932 Line from Schedule A/B: 6.1                                      |  |        | 100% of fair market value, up to any applicable statutory limit |                       |  |  |  |
|  | Ordinary Furniture<br>Location: 8 Dellwood, Florham Park                               | \$5,000.00   |        | \$5,000.00  | 11 U.S.C. § 522(d)(3) |  |  |  |
|  | NJ 07932<br>Line from Schedule A/B: 6.2  |  |        | 100% of fair market value, up to any applicable statutory limit |                       |  |  |  |
|  | 2 TV,; Wine Frig; Cell Phone<br>Location: 106 Beechwood Road,                          | \$1,500.00   |        | \$1,500.00  | 11 U.S.C. § 522(d)(3) |  |  |  |
|  | Florham Park NJ 07932 Line from Schedule A/B: 7.1                                      |  |        | 100% of fair market value, up to any applicable statutory limit |                       |  |  |  |
|  | 3 Tablets, 3 TVs,, 3 Laptops<br>Location: 8 Dellwood, Florham Park                     | \$4,000.00   |        | \$4,000.00  | 11 U.S.C. § 522(d)(3) |  |  |  |
|  | NJ 07932<br>Line from Schedule A/B: 7.2  |  |        | 100% of fair market value, up to any applicable statutory limit |                       |  |  |  |
|  |  |  |        |   |                       |  |  |  |

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| for 1 Gerald P Iorio   |                                      |     | Case number (if known)  |                                    |
|--|--------------------------------------|-----|---|------------------------------------|
| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own |     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| Baseball Memorabilia Line from Schedule A/B: 8.1                                       | \$1,000.00                           |     | \$1,000.00  | 11 U.S.C. § 522(d)(5)              |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 7 Bikes<br>Location: 106 Beechwood Road,   | \$1,000.00                           |     | \$1,000.00  | 11 U.S.C. § 522(d)(5)              |
| Florham Park NJ 07932 and 8  Dellwood, Florham Park  Line from Schedule A/B: 9.1       |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Golf Clubs Line from Schedule A/B: 9.2   | \$300.00                             |     | \$300.00  | 11 U.S.C. § 522(d)(5)              |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Ordinary Clothing Line from Schedule A/B: 11.1   | \$2,000.00                           |     | \$2,000.00  | 11 U.S.C. § 522(d)(3)              |
| Line Iron Schedule A.B. TTT  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2 Wrist Watches and Misc. Jewelry Line from Schedule A/B: 12.1                         | \$3,500.00                           |     | \$1,875.00  | 11 U.S.C. § 522(d)(4)              |
| Elle Helli Genedale /VE. 1211  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2 Wrist Watches and Misc. Jewelry Line from Schedule A/B: 12.1                         | \$3,500.00                           |     | \$1,625.00  | 11 U.S.C. § 522(d)(5)              |
| Elle Helli Goriedale /VE. 1=11   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash Line from Schedule A/B: 16.1  | \$100.00                             |     | \$100.00  | 11 U.S.C. § 522(d)(5)              |
| Line Holli Schedule A.B. 10.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking and Savings: Chase Bank Line from Schedule A/B: 17.1                          | \$2,000.00                           |     | \$2,000.00  | 11 U.S.C. § 522(d)(5)              |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking and Savings: Bank of<br>America   | \$550.00                             |     | \$550.00  | 11 U.S.C. § 522(d)(5)              |
| Line from Schedule A/B: 17.2   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| SEP IRA: Charles Schwabb & Co,   | \$0.00                               |     | \$0.00  | 11 U.S.C. § 522(d)(10)(E)          |
| (not property of the estate)<br>Line from Schedule A/B: 21.1                           |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 401(k): Mass Mutual<br>(not property of the estate)                                    | \$0.00                               |     | \$0.00  | 11 U.S.C. § 522(d)(12)             |
| Line from Schedule A/B: 21.2   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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| De | btor 1 | Gerald P Iorio   | Case number (if known)         |
|----|--------|--|--------------------------------|
| 3. |        | you claiming a homestead exemption of more than \$189,050? bject to adjustment on 4/01/25 and every 3 years after that for cases filed on or a | after the date of adjustment.) |
|    |        | No   |                                |
|    |        | Yes. Did you acquire the property covered by the exemption within 1,215 days   | before you filed this case?    |
|    |        | □ No   |                                |
|    |        | ☐ Yes  |                                |

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|   |  | Document  | Page 19        | 01 59  |  |                          |
|---|--|---|----------------|--|--|--------------------------|
| Fill in this inform   | nation to identify you                 |   |                |  |  |                          |
| Debtor 1  | Gerald P Iorio                         |   |                |  |  |                          |
| 202101 1  | First Name                             | Middle Name   | Last Name      |  |  |                          |
| Debtor 2<br>(Spouse if, filing)   | First Name                             | Middle Name   | Last Name      |  |  |                          |
| United States Bar   | nkruptcy Court for the                 | DISTRICT OF NEW JERSEY  |                |  |  |                          |
| Case number (if known)  |  |   |                |  | _  | if this is an            |
| Official Form   |  | s Who Have Claims S   | Secured        | l by Property  |  | ded filing               |
| Scricadic   | D. Cicaltors                           | Wild Have Claims  |                | a by i Topert  | <u>y                                    </u> | 12/13                    |
|   |  | If two married people are filing togethe<br>out, number the entries, and attach it to   |                |  |  |                          |
| 1. Do any creditors   | have claims secured by                 | y your property?  |                |  |  |                          |
| ☐ No. Check   | this box and submit the                | his form to the court with your other s   | schedules. Yo  | ou have nothing else to                                | o report on this form.                       |                          |
| Yes Fill in   | all of the information                 | helow   |                | _  | •  |                          |
|   | Secured Claims                         | bolow.  |                |  |  |                          |
|   |  |   |                | Column A   | Column B                                     | Column C                 |
| for each claim. If me   | ore than one creditor has              | more than one secured claim, list the cred<br>is a particular claim, list the other creditors<br>cal order according to the creditor's name | in Part 2. As  | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Bank of A   | merica                                 | Describe the property that secures the  | ne claim:      | \$27,159.00  | \$20,303.00                                  | \$6,856.00               |
| Creditor's Name   |  | 2019 GMC Acadia 44,000 mile   |                | , ,  |  | ,                        |
| 26012   | kruptcy<br>3-14 Po Box<br>ro, NC 27420 | As of the date you file, the claim is: Capply.  Contingent  | Check all that |  |  |                          |
| Number, Street,   | City, State & Zip Code                 | ☐ Unliquidated  |                |  |  |                          |
| Who owes the de   | bt? Check one.                         | ☐ Disputed  Nature of lien. Check all that apply.   |                |  |  |                          |
| ■ Debtor 1 only  ■ An agreement you made (such as mortgage or secured car loan) |  |   | ured           |  |  |                          |
| Debtor 1 and De   | btor 2 only                            | ☐ Statutory lien (such as tax lien, mech  | hanic's lien)  |  |  |                          |
| ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit        |  |   |                |  |  |                          |
| ☐ Check if this cla   |  | Other (including a right to offset)   |                |  |  |                          |
|   | Opened<br>04/22 Last                   |   |                |  |  |                          |

Date debt was incurred 4/30/22

9190

Last 4 digits of account number

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| Debtor 1 Gerald P Iorio                             |  | Case number (if known) |                |        |  |  |  |
|---|--|------------------------|----------------|--------|--|--|--|
| First Name Middl                                    | e Name Last Name   |                        |                |        |  |  |  |
| 2.2 M & T Bank                                      | Describe the property that secures the claim:                            | \$616,317.00           | \$1,000,000.00 | \$0.00 |  |  |  |
| Creditor's Name                                     | 8 Dellwood Dr. Florham Park, NJ<br>07932 Morris County                   |                        |                |        |  |  |  |
| Attn: Bankruptcy<br>Po Box 844<br>Buffalo, NY 14240 | As of the date you file, the claim is: Check all that apply.  Contingent |                        |                |        |  |  |  |
| Number, Street, City, State & Zip Code              | ☐ Unliquidated   | _                      |                |        |  |  |  |
| Who owes the debt? Check one.                       | ☐ Disputed  Nature of lien. Check all that apply.                        |                        |                |        |  |  |  |
| ☐ Debtor 1 only ☐ Debtor 2 only                     | An agreement you made (such as mortgage or<br>car loan)                  | secured                |                |        |  |  |  |
| ☐ Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien                      | )                      |                |        |  |  |  |
| At least one of the debtors and another             | gr Undgment lien from a lawsuit  |                        |                |        |  |  |  |
| ☐ Check if this claim relates to a community debt   | Other (including a right to offset) First Mo                             | rtgage                 |                |        |  |  |  |
| Opened 11/14 Las Date debt was incurred Active 04/  | F 40   | 8                      |                |        |  |  |  |
|   | <u> </u>   |                        |                |        |  |  |  |
| Add the dollar value of your entries i              | n Column A on this page. Write that number here:                         | \$643,476              | 6.00           |        |  |  |  |
| If this is the last page of your form, a            | dd the dollar value totals from all pages.                               | \$643,476              | 6.00           |        |  |  |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Write that number here:

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|                                   |  |  | Documer   | <u>nt Page 21 o</u>   | of 59   |   |   |
|-----------------------------------|--|--|---|---|---|---|---|
| FI                                | I in this infor  | mation to identify your  | ase:  |   |   |   |   |
| De                                | ebtor 1  | Gerald P Iorio   |   |   |   |   |   |
|                                   | ,5101 1  | First Name   | Middle Name   | Last Name   |   |   |   |
|                                   | ebtor 2  |  |   |   |   |   |   |
| (Sp                               | ouse if, filing)   | First Name   | Middle Name   | Last Name   |   |   |   |
| Ur                                | nited States Ba  | ankruptcy Court for the:   | DISTRICT OF NEW JER   | SEY   |   |   |   |
| Ca                                | ase number   |  |   |   |   |   |   |
|                                   | (nown)   |  |   |   |   | ☐ Check   | if this is an   |
|                                   |  |  |   |   |   | amend   | led filing  |
| $\sim$                            | ficial Form  | m 106E/E   |   |   |   |   |   |
|                                   |  | <u>m 106E/F</u><br>=/E: Craditora W  | ha Haya Unasay  | rad Claima  |   |   | 12/15   |
|                                   |  |  | ho Have Unsecue Part 1 for creditors with PF  |   | O for any disease with NON  | DDIODITY alaims 1   |   |
| any<br>Sch<br>Sch<br>left.<br>nan | executory con<br>nedule G: Executedule D: Credi<br>nedule D: Credi<br>ned Attach the Conne and case nu | ntracts or unexpired leases<br>utory Contracts and Unexpitors Who Have Claims Secuntinuation Page to this pagumber (if known). | that could result in a claim.<br>red Leases (Official Form 10<br>ired by Property. If more sp<br>e. If you have no information                                    | Also list executory cont<br>16G). Do not include any<br>ace is needed, copy the l | racts on Schedule A/B: F<br>creditors with partially s<br>Part you need, fill it out, i | roperty (Official For<br>ecured claims that a<br>number the entries i | m 106A/B) and on<br>are listed in<br>n the boxes on the |
|                                   |  | All of Your PRIORITY Un  |   |   |   |   |   |
| 1.                                |  | tors have priority unsecured   | I claims against you?   |   |   |   |   |
|                                   | □ No. Go to I  | Part 2.  |   |   |   |   |   |
|                                   | Yes.   |  |   |   |   |   |   |
| 2.                                | identify what ty<br>possible, list the   | ype of claim it is. If a claim ha<br>he claims in alphabetical orde  | <ul> <li>If a creditor has more than o<br/>s both priority and nonpriority;</li> <li>r according to the creditor's naticular claim, list the other cre</li> </ul> | amounts, list that claim he<br>ame. If you have more than                         | re and show both priority a   | nd nonpriority amoun  | ts. As much as  |
|                                   | (For an explan   | nation of each type of claim, s  | ee the instructions for this form   | n in the instruction booklet  |   |   |   |
|                                   |  |  |   |   | Total claim   | Priority amount   | Nonpriority amount                                      |
| 2.1                               | Jeanin   | e Iorio  | Last 4 digits of  | account number  | \$78,900.00   | \$78,900.00   | \$0.00  |
|                                   | ,  | reditor's Name   | When we the   |   |   |   |   |
|                                   |  | vood Dr.<br>m Park, NJ 07932   | When was the o  | lebt incurred?  |   | -   |   |
|                                   |  | Street City State Zip Code   | As of the date y  | ou file, the claim is: Che  | ck all that apply   |   |   |
|                                   | Who incurre  | ed the debt? Check one.  | ☐ Contingent  |   |   |   |   |
|                                   | Debtor 1   | only   | ☐ Unliquidated  |   |   |   |   |
|                                   | Debtor 2   | only   | Disputed  |   |   |   |   |
|                                   | Debtor 1   | and Debtor 2 only  | •   | TY unsecured claim:   |   |   |   |
|                                   | ☐ At least o   | one of the debtors and anothe  | Domestic sur  | port obligations  |   |   |   |
|                                   | ☐ Check if   | this claim is for a commun   |   | ertain other debts you owe  | the government  |   |   |
|                                   | Is the claim   | subject to offset?   |   | ath or personal injury while  |   |   |   |
|                                   | ■ No   |  | ☐ Other. Specif   | v   | •   |   |   |
|                                   | ☐ Yes  |  | _ 0   | Pendente Lite, e  | t. al.  |   | •   |
|                                   |  |  |   |   |   |   |   |
| Вa                                | rt 2: List A   | All of Your NONPRIORIT   | V Unsecured Claims  |   |   |   |   |
|                                   |  | tors have nonpriority unsec  |   |   |   |   |   |
| ٥.                                |  | . ,  | ,   |   |   |   |   |
|                                   |  | ave nothing to report in this pa   | art. Submit this form to the cou  | nt with your other schedule   | <b>೮</b> >.   |   |   |
|                                   | Yes.   |  |   |   |   |   |   |
| 4.                                | unsecured cla  | im, list the creditor separately   | tims in the alphabetical order<br>for each claim. For each clair<br>st the other creditors in Part 3.   | n listed, identify what type  | of claim it is. Do not list cla   | ims already included  | in Part 1. If more                                      |

Total claim

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Gerald P Iorio Case number (if known)

| Debtor | 1 Gerald P Iorio  |  | Case number (if known)                                       |             |
|--------|---|--|--|-------------|
| 4.1    | Bank of America   | Last 4 digits of account number                              | 4596   | \$30,253.00 |
|        | Nonpriority Creditor's Name Attn: Bankruptcy 4909 Savarese Circle Tampa, FL 33634 | When was the debt incurred?                                  | Opened 07/12 Last Active 04/22                               |             |
|        | Number Street City State Zip Code Who incurred the debt? Check one.               | As of the date you file, the claim i                         | is: Check all that apply                                     |             |
|        | Debtor 1 only   | ☐ Contingent   |  |             |
|        | Debtor 2 only   | Unliquidated   |  |             |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:   |             |
|        | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Student loans  | a Ciaiii.  |             |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not                 |             |
|        | No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts                             |             |
|        | Yes   | Other. Specify Credit Card                                   | <u> </u>   |             |
| 4.2    | Bank of America   | Last 4 digits of account number                              | 1393   | \$3,636.00  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy 4909 Savarese Circle Tampa, FL 33634 | When was the debt incurred?                                  | Opened 08/19 Last Active 4/14/22                             |             |
|        | Number Street City State Zip Code Who incurred the debt? Check one.               | As of the date you file, the claim                           | is: Check all that apply                                     |             |
|        | Debtor 1 only   | ☐ Contingent   |  |             |
|        | Debtor 2 only   | ☐ Unliquidated   |  |             |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   | Labelia.   |             |
|        | At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans               |  |             |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?     | ☐ Obligations arising out of a separeport as priority claims |  |             |
|        | ■ No  | ☐ Debts to pension or profit-sharin                          |  |             |
|        | □Yes  | ■ Other. Specify Credit Card                                 | <u> </u>   |             |
| 4.3    | Chase Card Services Nonpriority Creditor's Name                                   | Last 4 digits of account number                              | 7260   | \$35,282.00 |
|        | Attn: Bankruptcy<br>P.O. 15298<br>Wilmington, DE 19850                            | When was the debt incurred?                                  | Opened 04/12 Last Active 04/22                               |             |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.              | As of the date you file, the claim i                         | is: Check all that apply                                     |             |
|        | Debtor 1 only   | ☐ Contingent   |  |             |
|        | Debtor 2 only   | ☐ Unliquidated   |  |             |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|        | $\square$ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured                                | d claim:   |             |
|        | ☐ Check if this claim is for a community debt                                     | Student loans  | resting a reasonable and in order 45 - 4 - 4 - 4 - 4 - 4 - 4 |             |
|        | Is the claim subject to offset?   | report as priority claims                                    | ration agreement or divorce that you did not                 |             |
|        | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts                             |             |
|        | ☐ Yes   | ■ Other Specify Credit Card                                  | I  |             |

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| DCDIO | Geralu F Iorio   |   |   |             |  |
|-------|--|---|---|-------------|--|
| 4.4   | Chase Card Services  | Last 4 digits of account number   | 9889  | \$31,121.00 |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850 | When was the debt incurred?   | Opened 06/13 Last Active 04/22                |             |  |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.         | As of the date you file, the claim  | is: Check all that apply                      |             |  |
|       | ■ Debtor 1 only  | ☐ Contingent  |   |             |  |
|       | Debtor 2 only  | ☐ Unliquidated  |   |             |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |             |  |
|       | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured   | d claim:                                      |             |  |
|       | ☐ Check if this claim is for a community                                     | ☐ Student loans   |   |             |  |
|       | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                                      | aration agreement or divorce that you did not |             |  |
|       | ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts             |             |  |
|       | ☐ Yes  | Other. Specify Credit Card  | i<br>   |             |  |
| 4.5   | Chase Card Services  | Last 4 digits of account number   | 0511  | \$2,673.00  |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298                      | When was the debt incurred?   | Opened 03/22 Last Active 4/14/22              |             |  |
|       | Wilmington, DE 19850  Number Street City State Zip Code                      | As of the date you file, the claim  | is: Check all that apply                      |             |  |
|       | Who incurred the debt? Check one.  | ,,,,,,  |   |             |  |
|       | ■ Debtor 1 only  | ☐ Contingent  |   |             |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |   |             |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |             |  |
|       | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured   |   |             |  |
|       | ☐ Check if this claim is for a community                                     | ☐ Student loans   |   |             |  |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                                    |   |             |  |
|       | ■ No   | Debts to pension or profit-sharing  |   |             |  |
|       | Yes  | Other. Specify Credit Card  | 1   |             |  |
| 4.6   | Discover Financial Nonpriority Creditor's Name                               | Last 4 digits of account number   | 3624  | \$26,172.00 |  |
|       | Attn: Bankruptcy<br>Po Box 3025  | When was the debt incurred?   | Opened 03/03 Last Active 04/22                |             |  |
|       | New Albany, OH 43054  Number Street City State Zip Code                      | As of the date you file, the claim  | is: Check all that apply                      |             |  |
|       | Who incurred the debt? Check one.  | •   | - C.      |             |  |
|       | ■ Debtor 1 only  | ☐ Contingent  |   |             |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |   |             |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |             |  |
|       | ☐ At least one of the debtors and another                                    | d claim:  |   |             |  |
|       | ☐ Check if this claim is for a community debt                                | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not |   |             |  |
|       | Is the claim subject to offset? report as priority claims                    |   |   |             |  |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                     |   |             |  |
|       | ☐ Yes  | ■ Other, Specify Credit Card  | 1   |             |  |

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| Debtor                    | 1 Gerald P                                   | lorio  | Document Page   | Case nu        | 9<br>umber (if k | known)  |                    |
|---------------------------|--|--|---|----------------|------------------|---|--------------------|
| 4.7                       | Nonpriority Cre CHARLES 149 Washir 1st Floor | ALVAREZ, ESQ., LLC<br>ngton Street                               | Last 4 digits of account num  When was the debt incurred  |                |                  |   | \$28,567.53        |
|                           |  | , NJ 07003 City State Zip Code the debt? Check one.              | As of the date you file, the c  | laim is: Check | call that ap     | oply  |                    |
|                           | ■ Debtor 1 on                                | lv   | ☐ Contingent  |                |                  |   |                    |
|                           | Debtor 2 on                                  | •  | ☐ Unliquidated  |                |                  |   |                    |
|                           |  | d Debtor 2 only  | ☐ Disputed  |                |                  |   |                    |
|                           | _  | of the debtors and another                                       | Type of NONPRIORITY unse  | cured claim:   |                  |   |                    |
|                           | _  | is claim is for a community                                      | ☐ Student loans   |                |                  |   |                    |
|                           | debt   | bject to offset?   | ☐ Obligations arising out of a report as priority claims  | separation ag  | reement o        | or divorce that you did not   |                    |
|                           | No   |  | Debts to pension or profit-s  | sharing plans, | and other        | similar debts   |                    |
|                           | ☐ Yes  |  | Other. Specify Attorne  | ys Fees        |                  |   |                    |
| Elizab<br>55 Mac<br>Suite | dison Ave.                                   |  | On which entry in Part 1 or Part 2 die<br>Line <b>2.1</b> of ( <i>Check one</i> ):<br>Last 4 digits of account number | Part 1:        | Creditors v      | ditor?<br>with Priority Unsecured Claims<br>with Nonpriority Unsecured Clai | ms                 |
| Part 4:                   | Add the A                                    | mounts for Each Type of U  | nsecured Claim  |                |                  |   |                    |
|                           | the amounts of<br>f unsecured cla            |  | ims. This information is for statist  | ical reporting | purposes         | s only. 28 U.S.C. §159. Add th  Total Claim                                 | e amounts for each |
| Total claims              | 6a.  | Domestic support obligations                                     | s   | 6a.            | \$               | 78,900.00   |                    |
| from Pa                   | rt 1 6b.                                     | Taxes and certain other debt                                     | s you owe the government  | 6b.            | \$               | 0.00  |                    |
|                           | 6c.  | Claims for death or personal                                     | injury while you were intoxicated   | 6c.            | \$               | 0.00  |                    |
|                           | 6d.  | Other. Add all other priority uns                                | secured claims. Write that amount he  | ere. 6d.       | \$               | 0.00  |                    |
|                           | 6e.  | Total Priority. Add lines 6a thr                                 | ough 6d.  | 6e.            | \$               | 78,900.00   |                    |
|                           | 6f.  | Student loans  |   | 6f.            | \$               | Total Claim 0.00  |                    |
| Total claims              |  |  |   |                | *                | <u></u>   |                    |
| from Pa                   | rt 2 6g.                                     | Obligations arising out of a s<br>you did not report as priority | ns arising out of a separation agreement or divorce that or report as priority claims                                 |                | \$               | 0.00  |                    |
|                           | 6h.  |  | aring plans, and other similar deb  | <b>ts</b> 6h.  | \$               | 0.00  |                    |

here.

Other. Add all other nonpriority unsecured claims. Write that amount

Total Nonpriority. Add lines 6f through 6i.

6i.

6j.

157,704.53

157,704.53

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| Fill in this infor  | mation to identify your  | case:               | V         |                    |
|---------------------|--------------------------|---------------------|-----------|--------------------|
| Debtor 1            | Gerald P Iorio           |                     |           |                    |
|                     | First Name               | Middle Name         | Last Name |                    |
| Debtor 2            |                          |                     |           |                    |
| (Spouse if, filing) | First Name               | Middle Name         | Last Name |                    |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JER | SEY       |                    |
| Case number         |                          |                     |           |                    |
| (if known)          |                          |                     |           | Check if this is a |
|                     |                          |                     |           | amended filing     |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with Name, Number, | whom you have the<br>Street, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|-----------|----------------------------|--|-------------------|---|
| 2.1 |           |                            |  |                   |   |
|     | Name      |                            |  |                   | _                                       |
|     | Number    | Street                     |  |                   |   |
|     | City      |                            | State  | ZIP Code          |   |
| 2.2 | •         |                            |  |                   |   |
|     | Name      |                            |  |                   | _                                       |
|     | Number    | Street                     |  |                   | _                                       |
|     | City      |                            | State  | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                            |  |                   |   |
|     | Name      |                            |  |                   | _                                       |
|     | Number    | Street                     |  |                   |   |
|     | City      |                            | State  | ZIP Code          |   |
| 2.4 |           |                            |  |                   |   |
|     | Name      |                            |  |                   |   |
|     | Number    | Street                     |  |                   | _                                       |
|     | City      |                            | State  | ZIP Code          |   |
| 2.5 |           |                            |  |                   |   |
|     | Name      |                            |  |                   |   |
|     | Number    | Street                     |  |                   |   |
|     | City      |                            | State  | ZIP Code          |   |

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|----------------------------|---|------------------------------------|-----------------------------|--|-----------------|
| Fill in thi                | s information to identify your          | case:                              |                             |  |                 |
| Debtor 1                   | Gerald P Iorio                          |                                    |                             |  |                 |
|                            | First Name                              | Middle Name                        | Last Name                   |  |                 |
| Debtor 2<br>(Spouse if, fi | lling) First Name                       | Middle Name                        | Last Name                   |  |                 |
| United St                  | ates Bankruptcy Court for the:          | DISTRICT OF NEW JERSEY             | •                           |  |                 |
| Case nun                   | nber                                    |                                    |                             |  |                 |
| (if known)                 |   |                                    |                             | ☐ Check if th amended f  |                 |
| Officia                    | al Form 106H                            |                                    |                             |  |                 |
|                            | dule H: Your Cod                        | ebtors                             |                             |  | 12/15           |
| people ar                  | e filing together, both are equ         | ally responsible for supplying     | correct information. If     | plete and accurate as possible. If two<br>more space is needed, copy the Add<br>page. On the top of any Additional P   | ditional Page,  |
|                            | e and case number (if known)            |                                    |                             | ,  | <b>3</b> - 2,   |
| 1. Do                      | you have any codebtors? (If             | you are filing a joint case, do no | t list either spouse as a c | odebtor.   |                 |
|                            | )                                       |                                    |                             |  |                 |
| ■ Ye                       | es                                      |                                    |                             |  |                 |
| 2 Wi                       | thin the last 8 years, have you         | Llived in a community proper       | ty state or territory? (Co  | nmunity property states and territories  | include         |
|                            |   | , Nevada, New Mexico, Puerto F     |                             |  | Holade          |
| ■ No                       | o. Go to line 3.                        |                                    |                             |  |                 |
|                            |   | use, or legal equivalent live with | you at the time?            |  |                 |
|                            |   |                                    |                             |  |                 |
| in lin<br>Form             | e 2 again as a codebtor only i          | if that person is a guarantor o    | r cosigner. Make sure y     | r spouse is filing with you. List the p<br>ou have listed the creditor on Sched<br>se Schedule D, Schedule E/F, or Sch | ule D (Official |
|                            | Column 1: Your codebtor                 |                                    | С                           | olumn 2: The creditor to whom you o  | we the debt     |
|                            | Name, Number, Street, City, State and Z | iP Code                            | С                           | heck all schedules that apply:   |                 |
| 3.1                        | Jeanine Iorio                           |                                    | _                           |  |                 |
| 5.1                        | 8 Dellwood Dr.                          |                                    |                             | Schedule D, line<br>Schedule E/F, line   |                 |
|                            | Florham Park, NJ 07932                  |                                    |                             | Schedule E/F, line   |                 |
|                            |   |                                    |                             | & T Bank   |                 |
|                            |   |                                    |                             |  |                 |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Fill               | in this information to   | identify your ca                                    | ase:   |  |                          |                | I                   |                                     |  |                              |                 |
|--------------------|--|---|--|--|--------------------------|----------------|---------------------|-------------------------------------|--|------------------------------|-----------------|
|                    |  | Gerald P lor  |  |  |                          |                |                     |                                     |  |                              |                 |
|                    | btor 2<br>buse, if filing)   |   |  |  |                          | _              |                     |                                     |  |                              |                 |
| Uni                | ited States Bankrupto  | cy Court for the                                    | DISTRICT OF NEW J  | ERSEY                                      |                          |                |                     |                                     |  |                              |                 |
|                    | se number  |   |  | -  |                          |                |                     |                                     | ed filing<br>ent showin                | g postpetition               |                 |
| 0                  | fficial Form   | <u> 1061</u>  |  |  |                          |                | N                   | MM / DD/ Y                          | YYYY                                   |                              |                 |
| S                  | chedule I: Y   | our Inco  | ome  |  |                          |                |                     |                                     |  |                              | 12/15           |
| sup<br>spo<br>atta | plying correct inforuse. If you are sepach a separate sheet  It 1: Describe  Fill in your employ                 | mation. If you<br>trated and you<br>to this form. ( | sible. If two married peo<br>are married and not filli<br>r spouse is not filling wi<br>On the top of any additi | ng jointly, and you<br>ith you, do not inc | ur spouse<br>clude infor | is liv<br>mati | ing with<br>on abou | you, incl<br>tyour spo<br>umber (if | ude inforn<br>ouse. If mo<br>known). A | nation about<br>ore space is | your<br>needed, |
|                    | information.  If you have more than one job, attach a separate page with information about additional employers. |   |  |  |                          |                |                     | □ Emple                             |  | iing spouse                  |                 |
|                    |  |   | Employment status  | ■ Employed □ Not employed                  | d                        |                |                     | ☐ Not e                             | •                                      |                              |                 |
|                    |  |   | Occupation   | Senior VP                                  |                          |                |                     |                                     |  |                              |                 |
|                    | Include part-time, s<br>self-employed work   |   | Employer's name  | CAZ Investme                               | ents                     |                |                     |                                     |  |                              |                 |
|                    | Occupation may incor homemaker, if it  |   | Employer's address   | 1 Riverway<br>Houston, TX                  | 77056                    |                |                     |                                     |  |                              |                 |
|                    |  |   | How long employed t  | here? 7 Mo                                 | nths                     |                |                     | _                                   |  |                              |                 |
| Par                | Give Deta  | ails About Mon                                      | thly Income  |  |                          |                |                     |                                     |  |                              |                 |
|                    | mate monthly incoruse unless you are se  |   | ate you file this form. If   | you have nothing to                        | o report for             | any            | line, write         | e \$0 in the                        | space. Inc                             | clude your no                | n-filing        |
|                    | ou or your non-filing s<br>e space, attach a sep   |   | ore than one employer, co  | ombine the informa                         | ition for all            | empl           | oyers for           | that perso                          | on on the li                           | nes below. If                | you need        |
|                    |  |   |  |  |                          |                | For Del             | btor 1                              |  | btor 2 or<br>ing spouse      |                 |
| 2.                 |  |   | ry, and commissions (b<br>calculate what the monthl  |  | 2.                       | \$             | 16                  | ,666.66                             | \$                                     | N/A                          |                 |
| 3.                 | Estimate and list  | monthly overti                                      | me pay.  |  | 3.                       | +\$            |                     | 0.00                                | +\$                                    | N/A                          |                 |
| 4.                 | Calculate gross Ir   | ncome. Add lin                                      | ne 2 + line 3.   |  | 4.                       | \$             | 16,6                | 66.66                               | \$                                     | N/A                          |                 |

| Deb | tor 1                       | Gerald P Iorio   | -          | (          | Case r               | number ( <i>if k</i> | nown) |                   |                     |                |  |
|-----|-----------------------------|--|------------|------------|----------------------|----------------------|-------|-------------------|---------------------|----------------|--|
|     |                             |  |            |            |                      | Debtor 1             |       |                   | Debtor<br>-filing s | pouse          |  |
|     | Cop                         | by line 4 here   | 4.         |            | \$                   | 16,66                | 6.66  | \$                |                     | N/A            | <u>-</u>                                       |
| 5.  | List                        | all payroll deductions:  |            |            |                      |                      |       |                   |                     |                |  |
|     | 5a.                         | Tax, Medicare, and Social Security deductions  | 58         | а.         | \$                   | 4,77                 | 6.44  | \$                |                     | N/A            |  |
|     | 5b.                         | Mandatory contributions for retirement plans   | 5b         | ο.         | \$                   |                      | 0.00  | \$                |                     | N/A            |  |
|     | 5c.                         | Voluntary contributions for retirement plans   | 50         | Э.         | \$                   | 83                   | 3.34  | \$                |                     | N/A            | _  |
|     | 5d.                         | Required repayments of retirement fund loans   | 50         |            | \$                   |                      | 0.00  | \$                |                     | N/A            | _  |
|     | 5e.                         | Insurance  | 56         |            | \$                   | 1,54                 |       | \$                |                     | N/A            | _  |
|     | 5f.                         | Domestic support obligations Union dues  | 5f         |            | \$<br>\$             |                      | 0.00  | \$                |                     | N/A            | _  |
|     | 5g.<br>5h.                  | Other deductions. Specify:   | 5g<br>5h   | ا.<br>۲.+  | \$<br>-              |                      | 0.00  | + \$ <sup>—</sup> |                     | N/A<br>N/A     | _  |
| 6.  |                             | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | _ 0.<br>6. |            | \$<br>               |                      |       | · •               |                     |                | _  |
|     |                             |  |            |            | <sup>Φ</sup> —<br>\$ | 7,15                 |       | - Φ<br>           |                     | N/A            | _  |
| 7.  |                             | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         |            | Φ —                  | 9,51                 | 6.56  | Φ_                |                     | N/A            | <u>.                                      </u> |
| 8.  | List<br>8a.                 | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total              |            |            |                      |                      |       |                   |                     |                |  |
|     |                             | monthly net income.  | 88         |            | \$                   |                      | 0.00  | \$                |                     | N/A            | _  |
|     | 8b.                         | Interest and dividends   | 8b         | Ο.         | \$                   |                      | 0.00  | \$                |                     | N/A            | <u>-</u>                                       |
|     | 8c.                         | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 80         | <b>3</b> . | \$                   |                      | 0.00  | \$                |                     | N/A            |  |
|     | 8d.                         |  | 80         |            | <u>\$</u> —          |                      | 0.00  | \$_               |                     | N/A            | _  |
|     | 8e.                         | Social Security  | 86         | €.         | \$                   |                      | 0.00  | \$                |                     | N/A            | _  |
|     | 8f.                         | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:    | 8f         |            | \$                   |                      | 0.00  | \$                |                     | N/A            | _  |
|     | 8g.                         | Pension or retirement income   | 80         |            | \$                   |                      | 0.00  | \$                |                     | N/A            | _  |
|     | 8h.                         | Other monthly income. Specify:   | _ 8h       | Դ.+        | \$                   |                      | 0.00  | + \$              |                     | N/A            | <u> </u>                                       |
| 9.  | Add                         | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$         | <b>.</b>             |                      | 0.00  | \$                |                     | N/             | A  |
| 10  | Cal                         | culate monthly income. Add line 7 + line 9.  | 10.        | \$         |                      | 9,516.56             | + \$  |                   | N/A                 | = \$           | 9,516.56                                       |
|     |                             | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            | *-         |                      | ,,o 10.00            | -     |                   | 14/7                |                | 3,310.00                                       |
| 11. | Star<br>Incli<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify: | dep        |            |                      |                      |       | •                 | chedule<br>11.      |                | 0.00   |
| 12. |                             | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain lies   |            |            |                      |                      |       |                   | 12.                 | \$             | 9,516.56                                       |
| 13. | Do                          | you expect an increase or decrease within the year after you file this form  | ?          |            |                      |                      |       |                   | · ·                 | Combi<br>month | ned<br>ly income                               |
|     |                             | No.<br>Yes Explain:  |            |            |                      |                      |       |                   |                     |                |  |

Official Form 106l Schedule I: Your Income page 2

| Fill  | in this informa            | tion to identify yo                                     | our case:      |   |                             |                          |  |   |
|-------|----------------------------|---|----------------|---|-----------------------------|--------------------------|--|---|
| Deb   | tor 1                      | Gerald P lori   | io             |   |                             | Che                      | eck if this is:                            |   |
| Deb   | tor 2                      |   |                |   |                             |                          | An amended filing A supplement show        | wing postpetition chapter                             |
| (Spo  | ouse, if filing)           |   |                |   |                             | _                        | 13 expenses as of                          |   |
| Unit  | ed States Bankr            | ruptcy Court for the                                    | : DISTRI       | CT OF NEW JERSEY  |                             |                          | MM / DD / YYYY                             |   |
| 1     | e number<br>nown)          |   |                |   |                             |                          |  |   |
| (II K | nown)                      |   |                |   |                             |                          |  |   |
| O     | fficial Fo                 | rm 106J   |                |   |                             |                          |  |   |
| S     | chedule                    | J: Your   | Exper          | ises  |                             |                          |  | 12/1  |
| info  | ormation. If m             |   | eded, atta     | If two married people ar<br>ch another sheet to this<br>n.                |                             |                          |  |   |
| Par   | t 1: Descr                 | ibe Your House  | ehold          |   |                             |                          |  |   |
| ••    | ■ No. Go to                | line 2.   |                |   |                             |                          |  |   |
|       | ⊔ Yes. <b>Doe</b>          |   | in a separ     | ate household?  |                             |                          |  |   |
|       |                            |   | st file Offici | al Form 106J-2, <i>Expenses</i>   | for Separate House          | ehold of De              | btor 2.                                    |   |
| 2.    | Do you have                | e dependents?   | □No            |   |                             |                          |  |   |
|       | Do not list D<br>Debtor 2. | ebtor 1 and   | ■ Yes.         | Fill out this information for each dependent                              | Dependent's relation        |                          | Dependent's age                            | Does dependent live with you?                         |
|       | Do not state               |   |                |   | 0                           |                          |  | □ No  |
|       | dependents                 | names.  |                |   | Son                         |                          | 8  | ■ Yes<br>□ No   |
|       |                            |   |                |   | Daughter                    |                          | 9  | Yes   |
|       |                            |   |                |   | Daughter                    |                          | 11   | □ No<br>■ Yes   |
|       |                            |   |                |   |                             |                          |  | □ No  |
| 3.    | Do your exp                | enses include   |                | No  |                             |                          |  | ☐ Yes   |
|       |                            | f people other t<br>d your depende                      | han 👝          | Yes   |                             |                          |  |   |
| Est   | imate your ex              | ate Your Ongoi<br>openses as of your a date after the l | our bankrı     | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp | ou are using this followers | orm as a s<br>e J, check | upplement in a Cha<br>the box at the top o | apter 13 case to report<br>f the form and fill in the |
| the   |                            | h assistance an   |                | government assistance i<br>luded it on <i>Schedule I:</i> )               |                             |                          | Your exp                                   | enses   |
| 4.    | The rental of              |   |                | ses for your residence. I   | nclude first mortgage       | e<br>4.                  | \$   | 3,000.00  |
|       | . ,                        | led in line 4:  | o ground o     | 1 100.  |                             |                          |  |   |
|       |                            |   |                |   |                             | 40                       | ¢  | 0.00  |
|       |                            | estate taxes<br>rty, homeowner's                        | s, or renter   | 's insurance  |                             | 4a.<br>4b.               | ·  | 0.00<br>179.00  |
|       | •                          | •   |                | pkeep expenses  |                             | 4c.                      |  | 0.00  |
| _     |                            | owner's associat  |                |   |                             | 4d.                      | ·  | 0.00  |
| 5.    | Additional r               | nortgage payme  | ents for yo    | our residence, such as ho   | me equity loans             | 5.                       | Ъ  | 0.00  |

|          | Gerald P Iorio   | Case num              | ber (if known) |           |
|----------|--|-----------------------|----------------|-----------|
| S. Util  | ities:   |                       |                |           |
| 6a.      | Electricity, heat, natural gas   | 6a.                   | \$             | 214.00    |
| 6b.      | Water, sewer, garbage collection   | 6b.                   | \$             | 77.00     |
| 6c.      | Telephone, cell phone, Internet, satellite, and cable services   | 6c.                   | \$             | 314.00    |
| 6d.      | Other. Specify:  | 6d.                   | \$             | 0.00      |
|          | d and housekeeping supplies  | 7.                    | ·              | 300.00    |
|          | Idcare and children's education costs  | 8.                    | \$             | 0.00      |
| _        | thing, laundry, and dry cleaning   | 9.                    | \$             | 0.00      |
|          | sonal care products and services   | 10.                   | \$             | 0.00      |
|          | lical and dental expenses  | 11.                   | \$             | 0.00      |
|          | nsportation. Include gas, maintenance, bus or train fare.  |                       | ·              |           |
|          | not include car payments.  | 12.                   | \$             | 200.00    |
| . Ent    | ertainment, clubs, recreation, newspapers, magazines, and books  | 13.                   | \$             | 0.00      |
| . Cha    | ritable contributions and religious donations  | 14.                   | \$             | 0.00      |
| . Ins    | urance.  |                       |                |           |
|          | not include insurance deducted from your pay or included in lines 4 or 20.   |                       |                |           |
| 15a      | . Life insurance   | 15a.                  | \$             | 225.00    |
| 15b      | . Health insurance   | 15b.                  | \$             | 0.00      |
| 15c      | . Vehicle insurance  | 15c.                  | \$             | 92.00     |
| 15d      | . Other insurance. Specify:  | 15d.                  | \$             | 0.00      |
| . Tax    | es. Do not include taxes deducted from your pay or included in lines 4 or 20.  |                       |                |           |
|          | cify:  | 16.                   | \$             | 0.00      |
|          | allment or lease payments:   |                       |                |           |
|          | . Car payments for Vehicle 1   | 17a.                  | *              | 433.00    |
|          | . Car payments for Vehicle 2   | 17b.                  | ·              | 0.00      |
|          | . Other. Specify: Marriot Time Share   | 17c.                  | ·              | 166.67    |
|          | . Other. Specify:  | 17d.                  | \$             | 0.00      |
|          | r payments of alimony, maintenance, and support that you did not report  |                       | ¢              | 6,500.00  |
|          | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106)   | I). <sup>18.</sup>    | \$<br>\$       |           |
|          | er payments you make to support others who do not live with you.   | 10                    | Ф              | 5,593.00  |
| Spe      | DSO Obligation Mortgage on Marital Home  | 19.                   |                |           |
| <b>-</b> | DSO Obligation Other Sched A CIS Expenses  | 19.                   |                |           |
|          | er real property expenses not included in lines 4 or 5 of this form or on So.  Mortgages on other property                   | nedule I: Yo:<br>20a. |                | 0.00      |
|          |  | 20a.<br>20b.          | ·              | 0.00      |
|          | Real estate taxes  | 20b.<br>20c.          | ·              | 0.00      |
|          | Property, homeowner's, or renter's insurance   |                       | ·              | 0.00      |
|          | Maintenance, repair, and upkeep expenses   | 20d.                  | ·              | 0.00      |
|          | . Homeowner's association or condominium dues  | 20e.                  | ·              | 0.00      |
| . Oth    | er: Specify:   | 21.                   | +\$            | 0.00      |
| Cal      | culate your monthly expenses   |                       |                |           |
|          | . Add lines 4 through 21.  |                       | \$             | 17,293,67 |
| 22b      | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  | 2                     | \$             | ,         |
| 220      | Add line 22a and 22b. The result is your monthly expenses.   |                       | \$             | 17,293.67 |
| 220      | . Add the 22d and 22b. The result is your monthly expenses.  |                       | Ψ              | 17,293.07 |
|          | culate your monthly net income.  |                       |                |           |
|          | . Copy line 12 (your combined monthly income) from Schedule I.   | 23a.                  | \$             | 9,516.56  |
| 22h      | . Copy your monthly expenses from line 22c above.  | 23b.                  | -\$            | 17,293.67 |
| 230      |  |                       |                |           |
| 230      |  |                       | I              |           |
|          | <ul> <li>Subtract your monthly expenses from your monthly income.</li> <li>The result is your monthly net income.</li> </ul> | 23c.                  | \$             | -7,777.11 |

## 

| Fill in this inf                | formation to identify your  | case:                     |                            |                          |   |
|---------------------------------|---|---------------------------|----------------------------|--------------------------|---|
| Debtor 1                        | Gerald P Iorio  |                           |                            |                          |   |
|                                 | First Name  | Middle Name               | Last Name                  |                          |   |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name               | Last Name                  |                          |   |
| United States                   | Bankruptcy Court for the:   | DISTRICT OF NEW JEF       | RSEY                       |                          |   |
| Case number<br>(if known)       |   |                           |                            |                          | ☐ Check if this is an amended filing                                    |
| Official Fo                     | orm 106Dec  |                           |                            |                          |   |
| Declara                         | ation About a   | ın Individual             | <b>Debtor's Sc</b>         | hedules                  | 12/15   |
| years, or both                  | ney or property by fraud ii<br>n. 18 U.S.C. §§ 152, 1341, 1<br>Sign Below |                           | ruptcy case can result i   | in fines up to \$250,000 | 0, or imprisonment for up to 20   |
| Did you                         | pay or agree to pay some  | one who is NOT an attori  | ney to help you fill out b | pankruptcy forms?        |   |
| ■ No                            |   |                           |                            |                          |   |
| ☐ Yes                           | s. Name of person   |                           |                            |                          | ruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                                 | enalty of perjury, I declare<br>are true and correct.                     | that I have read the sumr | mary and schedules file    | d with this declaration  | n and   |
| X /s/ G                         | Serald P Iorio  |                           | X                          |                          |   |
| Gera                            | ald P Iorio<br>ature of Debtor 1  |                           | Signature of               | Debtor 2                 |   |

Date **June 23, 2022** 

Date \_\_\_\_

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|                 | n this inform           | nation to identify you                     | r ease:  |                                    |  |                                    |
|-----------------|-------------------------|--|--|------------------------------------|--|------------------------------------|
| Debt            |                         | Gerald P Iorio                             | case.  |                                    |  |                                    |
| Deni            | 101 1                   | First Name                                 | Middle Name  | Last Name                          |  |                                    |
| Debt            | tor 2<br>se if, filing) | First Name                                 | Middle Name  | Last Name                          |  |                                    |
|                 |                         |  |  |                                    |  |                                    |
| Unite           | ed States Bar           | hkruptcy Court for the:                    | DISTRICT OF NEW JERS   | SEY                                |  |                                    |
| Case<br>(if kno | e number<br>wn)         |  |  |                                    | _  | Check if this is an mended filing  |
| Sta<br>Be as    | s complete a            | of Financial                               |  | re filing together, both are       | ankruptcy equally responsible for sup                          |                                    |
| numl            | oer (if known           | ). Answer every ques                       | stion.   |                                    | , aaaaaaaa pa <b>g</b> aa, aaaa <b>,</b> aa                    |                                    |
| Part            |                         |  | rital Status and Where You   | Lived Before                       |  |                                    |
| ١.              | wilat is your           | current marital statu                      | <b>15</b> f  |                                    |  |                                    |
|                 | ■ Married □ Not mar     | ried                                       |  |                                    |  |                                    |
| 2.              | During the la           | ıst 3 years, have you                      | lived anywhere other than  | where you live now?                |  |                                    |
|                 | ■ No<br>□ Yes. List     | t all of the places you li                 | ived in the last 3 years. Do no  | ot include where you live now      | <i>ı</i> .   |                                    |
|                 | Debtor 1:               |  | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                  | dress:   | Dates Debtor 2<br>lived there      |
|                 |                         |  |  |                                    | ity property state or territory<br>co, Texas, Washington and W |                                    |
|                 | ■ No<br>□ Yes. Ma       | ke sure you fill out <i>Scl</i>            | nedule H: Your Codebtors (O  | fficial Form 106H).                |  |                                    |
| Part            | 2 Explain               | n the Sources of You                       | r Income   |                                    |  |                                    |
| -               | Fill in the tota        | I amount of income yo                      | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-    |  | ndar years?                        |
|                 | □ No<br>■ Yes. Fill     | in the details.                            |  |                                    |  |                                    |
|                 |                         |  | Dalitan 4  |                                    | Dalitan O  |                                    |
|                 |                         |  | Debtor 1<br>Sources of income  | Gross income                       | Debtor 2 Sources of income                                     | Gross income                       |
|                 |                         |  | Check all that apply.  | (before deductions and exclusions) | Check all that apply.  | (before deductions and exclusions) |
|                 |                         | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$91,666.63                        | ☐ Wages, commissions, bonuses, tips                            |                                    |
|                 |                         |  | ☐ Operating a business   |                                    | ☐ Operating a business   |                                    |

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Debtor 1 Gerald P Iorio Case number (if known)

|    |                            |                            |                           | Debtor 1   |   | Debtor 2                           |             |   |
|----|----------------------------|----------------------------|---------------------------|--|---|------------------------------------|-------------|---|
|    |                            |                            |                           | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                     | Sources of inco                    |             | Gross income<br>(before deductions<br>and exclusions) |
|    | r last calen<br>nuary 1 to | dar year:<br>December (    | 31, 2021 )                | ■ Wages, commissions, bonuses, tips  | \$62,474.50   | ☐ Wages, combonuses, tips          | missions,   |   |
|    |                            |                            |                           | ☐ Operating a business   |   | Operating a l                      | business    |   |
|    |                            | dar year bef<br>December 3 |                           | ■ Wages, commissions, bonuses, tips  | \$192,825.00  | ☐ Wages, combonuses, tips          | missions,   |   |
|    |                            |                            |                           | ☐ Operating a business   |   | ☐ Operating a I                    | ousiness    |   |
|    |                            |                            |                           | ☐ Wages, commissions, bonuses, tips  | \$174,434.00  | ☐ Wages, combonuses, tips          | missions,   |   |
|    |                            |                            |                           | Operating a business   |   | Operating a l                      | ousiness    |   |
|    | List each                  | •                          | he gross inco             | se and you have income that yome from each source separate   | •   | hat you listed in lin              |             |   |
|    |                            |                            |                           | Debtor 1   |   | Debtor 2                           |             |   |
|    |                            |                            |                           | Sources of income Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of inco<br>Describe below. |             | Gross income<br>(before deductions<br>and exclusions) |
|    |                            | dar year bef<br>December 3 |                           | IRA and Pension<br>Distributions   | \$100,000.00  |                                    |             |   |
| Pa | rt 2: Liet                 | Cortain Ba                 | umonts Vou                | Made Refere You Filed for I  | Bankruntov  |                                    |             |   |
| _  |                            |                            |                           | Made Before You Filed for I  |   |                                    |             |   |
| 6. |                            | Neither De                 | ebtor 1 nor [             | 's debts primarily consumer<br>Debtor 2 has primarily consu<br>personal, family, or househol       | i <mark>mer debts.</mark> Consumer debt                                   | s are defined in 11                | U.S.C. § 10 | 1(8) as "incurred by an                               |
|    |                            | During the No.             | •                         | ore you filed for bankruptcy, di   | d you pay any creditor a tota   | al of \$7,575* or mor              | re?         |   |
|    |                            | ☐ No.                      |                           | each creditor to whom you pai  |   |                                    |             |   |
|    |                            | * Subject t                | not include               | editor. Do not include paymen<br>payments to an attorney for the<br>t on 4/01/25 and every 3 years | nis bankruptcy case.  |                                    |             | •   |
|    | ■ Yes.                     | Debtor 1 o                 | r Debtor 2 o              | or both have primarily consure you filed for bankruptcy, di  | mer debts.  |                                    | ŕ           |   |
|    |                            | ■ No.                      | Go to line 7              | · ·  |   |                                    |             |   |
|    |                            | ☐ Yes                      | List below of include pay | each creditor to whom you pai<br>ments for domestic support ol<br>this bankruptcy case.            |   |                                    |             |   |
|    |                            |                            | I Address                 |  |   |                                    |             |   |

Page 34 of 59 Document Debtor 1 Case number (if known) Gerald P Iorio Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment paid still owe Include creditor's name Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Gerald P Iorio v. Jeanine Iorio **Divorce** Superior Court of New Pending Jersey FM-14-1206-19 □ On appeal **Morris County - Chancery** □ Concluded Division **Family Part** Morristown, NJ 07960 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☐ Yes

Nο

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Debtor 1 Gerald P Iorio Case number (if known)

| Pa  | tt 5: List Certain Gifts and Contributions  |   |                                   |                          |
|-----|---|---|-----------------------------------|--------------------------|
| 13. | _   | tcy, did you give any gifts with a total value of more  | than \$600 per person             | ?                        |
|     | <ul><li>No</li><li>Yes. Fill in the details for each gift.</li></ul>  |   |                                   |                          |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts  | Dates you gave the gifts          | Value                    |
|     | Person to Whom You Gave the Gift and Address:   |   |                                   |                          |
| 14. | Within 2 years before you filed for bankrup   | tcy, did you give any gifts or contributions with a tot   | al value of more than             | \$600 to any charity?    |
|     | <ul><li>No</li><li>☐ Yes. Fill in the details for each gift or con</li></ul>  | tribution.  |                                   |                          |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)          |   | Dates you contributed             | Value                    |
| Pa  | rt 6: List Certain Losses   |   |                                   |                          |
| 15. | Within 1 year before you filed for bankruptor gambling?  No   | cy or since you filed for bankruptcy, did you lose any  | rthing because of the             | ft, fire, other disaster |
|     | ☐ Yes. Fill in the details.   |   |                                   |                          |
|     | how the loss occurred   | escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property lost   |
| Pa  | tt 7: List Certain Payments or Transfers  |   |                                   |                          |
| 16. | consulted about seeking bankruptcy or pre   | cy, did you or anyone else acting on your behalf pay eparing a bankruptcy petition? parers, or credit counseling agencies for services require          |                                   | rty to anyone you        |
|     | Yes. Fill in the details.   |   |                                   |                          |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You                                     | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment        |
|     | Minion & Sherman<br>33 Clinton Road<br>Suite 105<br>West Caldwell, NJ 07006<br>David and Donna Iorio                                      | \$3,387.00 (\$3,000 Fees and \$387 costs)   | May 3, 2022                       | \$3,387.00               |
| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you |   | or transfer any prope             | rty to anyone who        |
|     | No  Yes. Fill in the details.   |   |                                   |                          |
|     | Person Who Was Paid<br>Address  | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment        |
|     |   |   |                                   |                          |

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Debtor 1 Gerald P Iorio Case number (if known)

| 18.  | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details. |  |   |  |                |   |
|--|--|--|---|--|----------------|---|
|  | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and v<br>property transfer   |   | Describe any payments rece<br>paid in exchar | eived or debts | Date transfer was<br>made                     |
| 19.  | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No  |  |   |  |                |   |
|  | Yes. Fill in the details.  |  |   |  |                |   |
|  | Name of trust  | Description and v  | Description and value of the property transferred |  |                | Date Transfer was made                        |
| Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units   |  |  |   |  |                |   |
| 20.  | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  |  |   |  |                |   |
|  | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number  | Type of account instrument                        | t or Date ac<br>closed,<br>moved<br>transfe  | , or           | Last balance<br>before closing or<br>transfer |
| 21.  | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?   |  |   |  |                |   |
|  | ■ No □ Yes. Fill in the details.   |  |   |  |                |   |
|  | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)  |   | Describe the contents                        |                | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit o   | ored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? |   |  |                |   |
|  | ■ No □ Yes. Fill in the details.   |  |   |  |                |   |
|  | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code)                                     |   | Describe the contents                        |                | Do you still have it?                         |
| Part 9: Identify Property You Hold or Control for Someone Else   |  |  |   |  |                |   |
| <ul> <li>23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold for someone.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |  |   |  |                | r, or hold in trust                           |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)   | perty? Etate and ZIP                              | escribe the prop                             | erty           | Value   |
| Part 10: Give Details About Environmental Information  |  |  |   |  |                |   |
|  |  |  |   |  |                |   |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Case number (if known) Debtor 1 Gerald P Iorio

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? П Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Court or agency Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Part 12: Sign Below

Name

Address

☐ Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

**Date Issued** 

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Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform                                      |   |  |  |  |
|--|---|--|--|--|
|  | mation to identify your   | case:  |  |  |
| Debtor 1   | Gerald P Iorio First Name   | Middle Name  | Last Name  |  |
| Debtor 2   |   |  |  |  |
| (Spouse if, filing)                                      | First Name  | Middle Name  | Last Name  |  |
| United States Ba   | ankruptcy Court for the:  | DISTRICT OF NE   | W JERSEY   |  |
| Case number (if known)                                   |   |  |  | ☐ Check if this is an amended filing                     |
| Official Fo  |   | n for Indiv  | riduals Filing Under Chap  | oter 7 12/15   |
|  | ividual filing under cha  |  | I out this form if:  |  |
| ■ you have leas<br>You must file thi<br>whiche<br>on the | sed personal property a<br>is form with the court w<br>ever is earlier, unless th<br>form | and the lease has no<br>rithin 30 days after<br>ne court extends the | you file your bankruptcy petition or by the dat<br>e time for cause. You must also send copies t                                   | o the creditors and lessors you list                     |
| sign ar<br>Be as complete<br>write y                     | nd date the form.   | le. If more space is<br>nber (if known).                             | th are equally responsible for supplying corre   |  |
|  |   |  | : Creditors Who Have Claims Secured by Prop  | perty (Official Form 106D), fill in the                  |
| information be<br>Identify the cr                        | elow.<br>editor and the property t  | hat is collateral  | What do you intend to do with the property secures a debt?   | that Did you claim the property as exempt on Schedule C? |
| Creditor's <b>E</b>                                      | Bank of America   |  | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No   |
| Description of property securing debt:                   | 2019 GMC Acadia   | 44,000 miles   | <ul><li>■ Retain the property and enter into a<br/>Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ■ Yes  |
| Creditor's <b>N</b> name:                                | /I & T Bank   |  | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No   |
| Description of   | 8 Dellwood Dr. Flo  | rham Park.   | Retain the property and enter into a Reaffirmation Agreement.  | ■ Yes  |
| property   | NJ 07932 Morris C   |  | Retain the property and [explain]:   |  |
| securing debt  | :   |  | (partially exempt - subject to liquidati   | on   |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| Del         | btor 1              | Gerald P Iorio  | Case number (if known)                                       |                              |
|-------------|---------------------|---|--|------------------------------|
|             |                     |   |  |                              |
|             | ssor's na           |   |  | □ No                         |
|             | scription<br>perty: | of leased   |  | ☐ Yes                        |
|             | ssor's na           |   |  | □ No                         |
|             | scription<br>perty: | of leased   |  | ☐ Yes                        |
|             | ssor's na           | me:<br>of leased  |  | □ No                         |
|             | perty:              | or reased   |  | ☐ Yes                        |
|             | ssor's na           | me:<br>of leased  |  | □ No                         |
|             | perty:              | oi leaseu   |  | ☐ Yes                        |
|             | ssor's na           |   |  | □ No                         |
|             | perty:              | of leased   |  | ☐ Yes                        |
|             | ssor's na           |   |  | □ No                         |
|             | perty:              | of leased   |  | ☐ Yes                        |
|             | ssor's na           |   |  | □ No                         |
|             | perty:              | of leased   |  | ☐ Yes                        |
| Par         | rt 3: S             | ign Below   |  |                              |
| Und<br>proj | ler pena            | Ity of perjury, I declare that I have ind<br>at is subject to an unexpired lease. | icated my intention about any property of my estate that sec | ures a debt and any personal |
| X           |                     | erald P Iorio   | X  |                              |
|             |                     | d P Iorio<br>ure of Debtor 1  | Signature of Debtor 2  |                              |
|             | Date                | June 23, 2022   | Date   |                              |

| Fill in this in                                | formation to identify your case:  |  | Ch                                  | aak ana ha                   | v only on c                 | directed in this form and                               | d in Form                         |
|--|---|--|-------------------------------------|------------------------------|-----------------------------|---|-----------------------------------|
| Debtor 1                                       | Gerald P Iorio  |  |                                     | 2A-1Supp:                    | X Ulliy as t                | directed in this form and                               | i iii Foiiii                      |
| Debtor 2                                       |   |  |                                     | ☐ 1. There                   | is no pres                  | sumption of abuse                                       |                                   |
| (Spouse, if filing                             | es Bankruptcy Court for the: District of New Je   | sey  |                                     | appli                        | es will be r                | to determine if a presur<br>made under <i>Chapter</i> 7 | •                                 |
| Case numb                                      | er  |  |                                     | ☐ 3. The N                   | Neans Test                  | ficial Form 122A-2).<br>t does not apply now be         |                                   |
|  |   |  |                                     | -                            |                             | y service but it could ap                               | ply later.                        |
| Official                                       | Form 100A 1   |  |                                     | ☐ Check                      | if this is a                | an amended filing                                       |                                   |
|  | Form 122A - 1   |  | 4 la la e la <b>a</b>               |                              |                             |   |                                   |
| Cnapte   | er 7 Statement of Your Cui  | rent ivior   | ntniy inc                           | ome                          |                             |   | 12/1                              |
| attach a sepa<br>case number<br>qualifying mil | te and accurate as possible. If two married people a<br>rate sheet to this form. Include the line number to v<br>(if known). If you believe that you are exempted fro<br>itary service, complete and file Statement of Exemp<br>Calculate Your Current Monthly Income<br>s your marital and filing status? Check one or | which the addition<br>m a presumption<br>otion from Presur | nal information a<br>of abuse becau | applies. On<br>ise you do n  | the top of a<br>ot have pri | ny additional pages, writemarily consumer debts o       | te your name and<br>or because of |
|  | married. Fill out Column A, lines 2-11.   | y.   |                                     |                              |                             |   |                                   |
|  | ried and your spouse is filing with you. Fill o   | ut both Columns  | A and B, lines                      | 2-11.                        |                             |   |                                   |
|  | ried and your spouse is NOT filing with you.  |  |                                     |                              |                             |   |                                   |
|  | iving in the same household and are not lega  | -  | •                                   | olumns A ar                  | nd B. lines                 | 2-11.   |                                   |
| <b>■</b> L                                     | iving separately or are legally separated. Fill benalty of perjury that you and your spouse are living apart for reasons that do not include evading  | out Column A, li   | nes 2-11; do no<br>d under nonbar   | ot fill out Co               | lumn B. By<br>v that appli  | y checking this box, you<br>es or that you and you      |                                   |
| 101(10A).<br>the 6 mont                        | average monthly income that you received from all For example, if you are filing on September 15, the 6-m hs, add the income for all 6 months and divide the total wn the same rental property, put the income from that p  | onth period would<br>by 6. Fill in the re                  | be March 1 throsult. Do not include | ugh August 3<br>de any incom | 31. If the ame              | ount of your monthly incon<br>nore than once. For examp | ne varied during<br>ble, if both  |
| · ·  |   |  |                                     | Column A Debtor 1            |                             | Column B Debtor 2 or non-filing spouse                  |                                   |
|  | ross wages, salary, tips, bonuses, overtime, deductions).   | and commission   | ons (before all                     | \$ 15                        | ,277.77                     | \$  |                                   |
|  | ny and maintenance payments. Do not include n B is filled in.   | payments from  | a spouse if                         | \$                           | 0.00                        | \$  |                                   |
| of you<br>from a<br>and ro                     | ounts from any source which are regularly particle or your dependents, including child support an unmarried partner, members of your household ommates. Include regular contributions from a span. Do not include payments you listed on line 3.  | Include regular<br>d, your depende                         | contributions nts, parents,         | \$                           | 0.00                        | \$  |                                   |
| 5. Net in                                      | come from operating a business, profession,   |  |                                     |                              |                             |   |                                   |
| _  |   |  | otor 1                              |                              |                             |   |                                   |
|  | receipts (before all deductions)  | \$ <u>0.00</u><br>-\$ <u>0.00</u>                          |                                     |                              |                             |   |                                   |
|  | ry and necessary operating expenses onthly income from a business, profession, or far   |  | Copy here ->                        | . \$                         | 0.00                        | \$  |                                   |
|  | come from rental and other real property  |  | copy more                           | <b>ч</b>                     |                             | Ψ   |                                   |
| U. 1461111                                     | como nom romar ana otnor rear property  | Deb  | otor 1                              |                              |                             |   |                                   |
| Gross  | receipts (before all deductions)  | \$ 0.00  |                                     |                              |                             |   |                                   |
|  | ry and necessary operating expenses   | -\$ 0.00   |                                     |                              |                             |   |                                   |
|  | onthly income from rental or other real property  | \$ 0.00  | Copy here ->                        | • \$                         | 0.00                        | \$  |                                   |
| 7. Interes                                     | st, dividends, and royalties  |  |                                     | \$                           | 0.00                        | \$  |                                   |

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| Debtor 1              | Gerald P Iorio  |                               | Case numb         | oer (if known) |                                   |             |                           |
|-----------------------|---|-------------------------------|-------------------|----------------|-----------------------------------|-------------|---------------------------|
|                       |   |                               | Column A Debtor 1 | 1              | Column B Debtor 2 or non-filing s |             |                           |
| 8. <b>U</b>           | nemployment compensation  |                               | \$                | 0.00           | \$                                | -           |                           |
|                       | to not enter the amount if you contend that the amount received was a benefit use Social Security Act. Instead, list it here:   | ınder                         |                   |                |                                   |             |                           |
|                       | For you \$ 0.00 For your spouse \$  | _                             |                   |                |                                   |             |                           |
| 9. <b>P</b>           | lension or retirement income. Do not include any amount received that was a   | -<br>I                        |                   |                |                                   |             |                           |
| b<br>n<br>d<br>p<br>d | enefit under the Social Security Act. Also, except as stated in the next sentence of include any compensation, pension, pay, annuity, or allowance paid by the Inited States Government in connection with a disability, combat-related injury of isability, or death of a member of the uniformed services. If you received any reay paid under chapter 61 of title 10, then include that pay only to the extent that oes not exceed the amount of retired pay to which you would otherwise be entitive retired under any provision of title 10 other than chapter 61 of that title. | e, do<br>or<br>etired<br>t it | \$                | 0.00           | \$                                |             |                           |
| re<br>d<br>L<br>d     | ncome from all other sources not listed above. Specify the source and amo to not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or omestic terrorism; or compensation pension, pay, annuity, or allowance paid by Inited States Government in connection with a disability, combat-related injury of isability, or death of a member of the uniformed services. If necessary, list other ources on a separate page and put the total below                                     | y the                         |                   |                |                                   |             |                           |
|                       | ·   | _                             | \$                | 0.00           | \$                                |             |                           |
|                       |   | _                             | \$                | 0.00           | \$                                |             |                           |
|                       | Total amounts from separate pages, if any.  | +                             | \$                | 0.00           | \$                                |             |                           |
|                       | <b>Salculate your total current monthly income.</b> Add lines 2 through 10 for ach column. Then add the total for Column A to the total for Column B.   |                               | 5,277.77          | + \$           |                                   |             | 15,277.77 current monthly |
| Part 2                |   |                               |                   |                |                                   |             |                           |
|                       | 2a. Copy your total current monthly income for the year. Follow these steps:  2a. Copy your total current monthly income from line 11   |                               | Со                | py line 11 h   | ere=>                             | \$          | 15,277.77                 |
|                       | Multiply by 12 (the number of months in a year)   |                               |                   |                |                                   | X           | 12                        |
| 1                     | 2b. The result is your annual income for this part of the form  |                               |                   |                | 12b.                              | \$1         | 83,333.24                 |
| 13. <b>C</b>          | calculate the median family income that applies to you. Follow these steps:   |                               |                   |                |                                   |             |                           |
| F                     | ill in the state in which you live.   |                               |                   |                |                                   |             |                           |
| F                     | ill in the number of people in your household.  |                               |                   |                |                                   |             |                           |
| Т                     | ill in the median family income for your state and size of household.  o find a list of applicable median income amounts, go online using the link spector this form. This list may also be available at the bankruptcy clerk's office.   |                               |                   | rate instruct  | 13.<br>ions                       | \$ <b>1</b> | 40,657.00                 |
| 14. H                 | low do the lines compare?   |                               |                   |                |                                   |             |                           |
| 1                     | 4a. Line 12b is less than or equal to line 13. On the top of page 1, check Go to Part 3. Do NOT fill out or file Official Form 122A-2.  | k box                         | 1, There is       | s no presum    | ption of abuse                    | €.          |                           |
| 1                     | 4b. Line 12b is more than line 13. On the top of page 1, check box 2, 7/1 Go to Part 3 and fill out Form 122A–2.  | he pre                        | esumption         | of abuse is o  | determined by                     | Form 1      | 22A-2.                    |
| Part 3                | Sign Below  |                               |                   |                |                                   |             |                           |
|                       | By signing here, I declare under penalty of perjury that the information on the   | nis sta                       | tement an         | d in any atta  | chments is tr                     | ue and o    | correct.                  |
|                       | X /s/ Gerald P Iorio  |                               |                   |                |                                   |             |                           |
|                       | Gerald P Iorio Signature of Debtor 1  |                               |                   |                |                                   |             |                           |

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| Debtor 1 | Gerald P Iorio  | Case number (if known) |  |
|----------|---|------------------------|--|
| Da       | Atte June 23, 2022  MM / DD / YYYY  |                        |  |
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.             |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form. |                        |  |

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| Fill in this information to identify your case:   | Check the appropriate box as directed in                        |
|---|---|
| Debtor 1 Gerald P Iorio   | lines 40 or 42:   |
| Debtor 2  | According to the calculations required by this Statement:       |
| (Spouse, if filing)   | Statement.  |
| United States Bankruptcy Court for the: District of New Jersey  | ■ 1. There is no presumption of abuse.                          |
|   | ☐ 2. There is a presumption of abuse.                           |
| Case number(if known)   |   |
|   | ☐ Check if this is an amended filing                            |
| Official Form 122A - 2  | <b>3</b>  |
| Chapter 7 Means Test Calculation  | 04/22   |
| <u> </u>  |   |
| To fill out this form, you will need your completed copy of Chapter 7 Stateme   | nt of Your Current Monthly Income (Official Form 122A-1).       |
| Be as complete and accurate as possible. If two married people are filing tog   | ether, both are equally responsible for being accurate. If more |
| space is needed, attach a separate sheet to this form, include the line numbe   | r to which additional information applies. On the top any       |
| additional pages, write your name and case number (if known).   |   |
| Part 1: Determine Your Adjusted Income  |   |
| Copy your total current monthly income.     Copy line 11 fr   | om Official Form 122A-1 here=> \$ 15,277.77                     |
|   |   |
| 2. Did you fill out Column B in Part 1 of Form 122A-1?  |   |
| No. Fill in \$0 for the total on line 3.  |   |
| ☐ Yes. Is your spouse Filing with you?  |   |
| □ No. Go to line 3.   |   |
| Yes. Fill in \$0 for the total on line 3.   |   |
| 3. Adjust your current monthly income by subtracting any part of your spondousehold expenses of you or your dependents. Follow these steps: | ouse's income not used to pay for the                           |
| On line 11, Column B of Form 122A–1, was any amount of the income you re  | ported for your spouse NOT regularly used for the household     |
| expenses of you or your dependents?   | posterior year operation regiment, eccurior and realistation    |
| ■ No.   Fill to 0 foother total on Foo 0  |   |
| No. Fill in 0 for the total on line 3.  |   |
| Yes. Fill in the information below:   |   |
| State each purpose for which the income was used  | Fill in the amount you  |
| For example, the income is used to pay your spouse's tax debt or to   | are subtracting from your spouse's income                       |
| support other than you or your dependents.  |   |
|   | \$  |
|   | \$  |
|   |   |
|   | \$  |
| Total.  | \$0.00_   |
|   | Convitatel hora-  |
|   | Copy total here=> \$0.00  |
|   |   |
| 4. Adjust your current monthly income. Subtract line 3 from line 1.   | \$ <u>15,277.77</u>   |
|   |   |

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|-------------|---|---|---|-------------------|----------|
| ebtor 1     | Gerald P Iorio  |   | Case number (if kno                                   | own)              |          |
| art 2:      | Calculate Your Deductions from Your Income  |   |   |                   |          |
| to ans      | nternal Revenue Service (IRS) issues National and L<br>swer the questions in lines 6-15. To find the IRS star<br>actions for this form. This information may also be a  | ndards, go online ι                           | sing the link specified                               |                   | nounts   |
| your a      | ct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Due in line 3 and do not deduct any operating expenses the   | o not deduct any am                           | ounts that you subtracte                              | d from your spous | e's      |
| If you      | r expenses differ from month to month, enter the average  | ge expense.                                   |   |                   |          |
| When        | ever this part of the from refers to you, it means both yo  | ou and your spouse i                          | f Column B of Form 122                                | A-1 is filled in. |          |
| 5. <b>1</b> | The number of people used in determining your ded   | luctions from incon                           | ne  |                   |          |
| p           | Fill in the number of people who could be claimed as ex<br>olus the number of any additional dependents whom you<br>he number of people in your household.  | emptions on your fe<br>u support. This numb   | deral income tax return,<br>per may be different from | 4                 |          |
| Natio       | nal Standards You must use the IRS National   | l Standards to answ                           | er the questions in lines                             | 6-7.              |          |
|             | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and   |   | in line 5 and the IRS Nat                             | ional \$          | 1,900.00 |
| t<br>p      | Out-of-pocket health care allowance: Using the numb<br>he dollar amount for out-of-pocket health care. The num<br>beople who are 65 or olderbecause older people have<br>higher than this IRS amount, you may deduct the addition | nber of people is spli<br>a higher IRS allowa | t into two categoriespe<br>nce for health care costs  | ople who are unde | r 65 and |
| Peopl       | le who are under 65 years of age  |   |   |                   |          |
| 7           | 7a. Out-of-pocket health care allowance per person  | \$75.00                                       |   |                   |          |
| 7           | 7b. Number of people who are under 65   | X4  |   |                   |          |
| 7           | 7c. Subtotal. Multiply line 7a by line 7b.  | \$300.00                                      | Copy here=>   | \$300.00          |          |
|             | to sub-comp OF second of company them   |   |   |                   |          |
| Peopl       | le who are 65 years of age or older   |   |   |                   |          |
|             |   | \$ 153.00                                     |   |                   |          |
| 7           | 7d. Out-of-pocket health care allowance per person  | \$ <u>153.00</u>                              |   |                   |          |
| 7           |   | \$ <u>153.00</u> X <u>0</u> \$ 0.00           | Copy here=>   | +\$ 0.00          |          |

7g. Total. Add lines 7c and 7f

300.00

300.00

Copy total here=>

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Debtor 1 Gerald P Iorio Case number (if known)

**Local Standards** You must use the IRS Local Standards to answer the guestions in lines 8-15.

| Based on information from the IRS, the U.S. | Trustee Program has divided the IRS Local Standard for housing for |
|---|--|
| bankruptcy purposes into two parts:         |  |

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

9. Housing and utilities - Mortgage or rent expenses:

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor | Average<br>paymen | monthly<br>t |
|----------------------|-------------------|--------------|
| M & T Bank           | \$                | 4,280.00     |

| Total average monthly payment | \$ | 4,280.00 | Copy<br>here=> | -\$ | <b>4,280.00</b> Repeat this amount on line 33a. |
|-------------------------------|----|----------|----------------|-----|---|
|-------------------------------|----|----------|----------------|-----|---|

9c. Net mortgage or rent expense.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

■ 1. Go to line 12.

☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$406.00

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Case number (if known)

| 13.  | You   |   | pense: Using the IRS Local<br>if you do not make any loan o  |                    |               |                          |                    |  |        |
|------|-------|---|--|--------------------|---------------|--------------------------|--------------------|--|--------|
| Vel  | hicle | 1 Describe Vehicle 1:   | 2019 GMC Acadia 44,00  | 00 miles           |               |                          |                    |  |        |
| 13a. | Own   | ership or leasing costs using                                   | g IRS Local Standard   |                    |               | \$                       | 588.00             |  |        |
| 13b. |       | rage monthly payment for all not include costs for leased v     | debts secured by Vehicle 1. rehicles.  |                    |               |                          |                    |  |        |
|      | are c |   | y payment here and on line 1<br>cured creditor in the 60 mont  |                    |               | İ                        |                    |  |        |
|      |       | Name of each creditor for                                       | Vehicle 1  | Average i          | monthly       |                          |                    |  |        |
|      |       | Bank of America   |  | \$\$               | 443.00        |                          |                    |  |        |
|      |       | Total A   | verage Monthly Payment   | \$                 | 443.00        | Copy<br>here =>          | -\$443             | Repeat this amount on line 33b.                |        |
| 13c. |       | Vehicle 1 ownership or lease<br>tract line 13b from line 13a. i | e expense<br>f this amount is less than \$0,   | , enter \$0.       |               | \$                       | 145.00             | Copy net<br>Vehicle 1<br>expense<br>here => \$ | 145.00 |
| Vel  | hicle | 2 Describe Vehicle 2:   |  |                    |               |                          |                    |  |        |
| 13d. | Own   | ership or leasing costs using                                   | g IRS Local Standard   |                    |               | \$                       | 0.00               |  |        |
| 13e. |       | age monthly payment for all ed vehicles.                        | debts secured by Vehicle 2.  | . Do not incl      | ude costs for |                          |                    |  |        |
|      |       | Name of each creditor for                                       | Vehicle 2  | Average in payment | monthly       |                          |                    |  |        |
|      | -     |   |  | _ \$               |               |                          |                    |  |        |
|      |       | Total A   | verage Monthly Payment   | \$                 |               | Copy<br>here<br>=> -\$ _ | 0.0                | Repeat this amount on line 33c.                |        |
| 13f. |       | Vehicle 2 ownership or lease<br>ract line 13e from line 13d. i  | e expense<br>f this amount is less than \$0,   | , enter \$0        |               | \$                       | 0.00               | Copy net<br>Vehicle 2<br>expense<br>here => \$ | 0.00   |
| 14.  |       |   | : If you claimed 0 vehicles in<br>ce regardless of whether you                                       |                    |               |                          | lards, fill in the | Public \$                                      | 0.00   |
| 15.  | also  | deduct a public transportation                                  | on expense: If you claimed 1<br>on expense, you may fill in w<br>al Standard for <i>Public Trans</i> | hat you beli       |               |                          |                    |  | 0.00   |

**Gerald P Iorio** 

Debtor 1

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Debtor 1 Gerald P Iorio Case number (if known)

| Oth | er Necessary Expenses                                  | In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.  | for  |           |
|-----|--|--|------|-----------|
| 16. | self-employment taxes, soo your pay for these taxes. H | mount that you will actually owe for federal, state and local taxes, such as income taxes, cial security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 om the total monthly amount that is withheld to pay for taxes. |      |           |
|     | Do not include real estate,                            | sales, or use taxes.   | \$   | 6,582.47  |
| 17. | Involuntary deductions: 7 contributions, union dues, a | The total monthly payroll deductions that your job requires, such as retirement and uniform costs.   |      |           |
|     | Do not include amounts that                            | at are not required by your job, such as voluntary 401(k) contributions or payroll savings.  | \$   | 0.00      |
| 18. | filing together, include payr                          | nonthly premiums that you pay for your own term life insurance. If two married people are nents that you make for your spouse's term life insurance. Do not include premiums for life ents, for a non-filing spouse's life insurance, or for any form of life insurance other than   | \$   | 0.00      |
| 19. |  | The total monthly amount that you pay as required by the order of a court or has spousal or child support payments.  |      |           |
|     | Do not include payments of                             | n past due obligations for spousal or child support. You will list these obligations in line 35.   | \$   | 6,500.00  |
| 20. | Education: The total month                             | hly amount that you pay for education that is either required:   |      |           |
|     | _  | entally challenged dependent child if no public education is available for similar services.   | \$   | 0.00      |
| 21. | Childcare: The total month                             | aly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.   |      |           |
|     | Do not include payments for                            | or any elementary or secondary school education.   | \$   | 0.00      |
| 22. | that is required for the heal                          | penses, excluding insurance costs: The monthly amount that you pay for health care th and welfare of you or your dependents and that is not reimbursed by insurance or paid t. Include only the amount that is more than the total entered in line 7.  |      |           |
|     | Payments for health insura                             | nce or health savings accounts should be listed only in line 25.   | \$   | 0.00      |
| 23. | for you and your dependen                              | <b>elephone services:</b> The total monthly amount that you pay for telecommunication services ts, such as pagers, call waiting, caller identification, special long distance, or business cell t necessary for your health and welfare or that of your dependents or for the production of ed by your employer.                             |      |           |
|     |  | or basic home telephone, internet and cell phone service. Do not include self-employment eported on line 5 of Official Form 122A-1, or any amount you previously deducted.   | +\$_ | 0.00      |
| 24. | Add all of the expenses a Add lines 6 through 23.      | llowed under the IRS expense allowances.   | \$   | 16,684.47 |

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Debtor 1 Gerald P Iorio Case number (if known)

| Add   | litional Expense Deductions Thes  | e are additional dedu                               | uctions            | allowed by th                       | e Means Test.  |     |        |
|---|---|---|--------------------|-------------------------------------|--|-----|--------|
|   |   | : Do not include any                                |                    | Ť                                   |  |     |        |
| 25. <b>Health insurance, disability insurance, and health savings account expenses.</b> The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. |   |   |                    |                                     |  |     |        |
|   | Health insurance  | :   | \$                 | 844.35                              |  |     |        |
|   | Disability insurance  | :   | \$                 | 0.00                                |  |     |        |
|   | Health savings account  | + :   | \$                 | 0.00                                |  |     |        |
|   |   |   |                    |                                     |  |     |        |
|   | Total   | :   | \$                 | 844.35                              | Copy total here=>  | \$  | 844.35 |
|   | Do you actually spend this total amount   | nt?   |                    |                                     | 1  |     |        |
|   | ☐ No. How much do you actually  | spend?  |                    |                                     |  |     |        |
|   | Yes   |   | \$                 |                                     |  |     |        |
| 26.   | Continued contributions to the care continue to pay for the reasonable and your household or member of your iminclude contributions to an account of                                      | d necessary care and mediate family who is          | d suppo<br>s unabl | ort of an elderl<br>e to pay for su | y, chronically ill, or disabled member of uch expenses. These expenses may | \$  | 0.00   |
| 27.   | <b>Protection against family violence.</b> safety of you and your family under the  |   |                    |                                     |  |     |        |
|   | By law, the court must keep the nature  | e of these expenses                                 | confide            | ntial.                              |  | \$  | 0.00   |
| 28.   | Additional home energy costs. You   | home energy costs                                   | are inc            | luded in your                       | insurance and operating expenses on  |     |        |
|   | line 8. If you believe that you have home ene 8, then fill in the excess amount of hor You must give your case trustee docu amount claimed is reasonable and ne                           | ne energy costs.<br>mentation of your ac            |                    |                                     | nergy costs included in expenses on line ou must show that the additional  | \$  | 0.00   |
| 29.   | Education expenses for dependent \$189.58* per child) that you pay for you public elementary or secondary school You must give your case trustee docu claimed is reasonable and necessary | our dependent childre<br>I.<br>mentation of your ac | en who<br>tual exp | are younger to penses, and y        | han 18 years old to attend a private or ou must explain why the amount     |     |        |
|   | * Subject to adjustment on 4/01/25, ar  | nd every 3 years after                              | r that fo          | or cases begu                       | n on or after the date of adjustment.                                      | \$  | 0.00   |
| 30.   | Additional food and clothing expen higher than the combined food and clothan 5% of the food and clothing allow To find a chart showing the maximum  | othing allowances in transces in the IRS Na         | the IRS            | S National Star<br>Standards.       | ndards. That amount cannot be more   |     |        |
|   | instructions for this form. This chart may you must show that the additional amount   |   |                    |                                     |  | \$  | 0.00   |
| 31.   | Continuing charitable contributions instruments to a religious or charitable  |   |                    |                                     | ntribute in the form of cash or financial                                  | +\$ | 0.00   |
| 32.   | Add all of the additional expense de Add lines 25 through 31.   | eductions.  |                    |                                     |  | \$  | 844.35 |

Debtor 1 Gerald P Iorio Case number (if known)

| Deduc  | ctions for Debt Payment   |  |         |  |                         |                      |        |
|--------|---|--|---------|--|-------------------------|----------------------|--------|
|        | or debts that are secured by an interes<br>ans, and other secured debt, fill in line    | t in property that you own, including home es 33a through 33e.   | mortg   | gages, vehicle                           |                         |                      |        |
|        | calculate the total average monthly pay<br>editor in the 60 months after you file for b | ment, add all amounts that are contractually do<br>ankruptcy. Then divide by 60.   | ue to e | ach secured                              |                         |                      |        |
|        | Mortgages on your home:   |  |         |  |                         | erage montl<br>yment | hly    |
| 33a.   | Copy line 9b here   |  |         | =>                                       | > \$                    | 4,28                 | 0.00   |
|        | Loans on your first two vehicles:   |  |         |  |                         |                      |        |
| 33b.   | Copy line 13b here  |  |         | =>                                       | > \$                    | 44                   | 3.00   |
| 33c.   |   |  |         |  | > \$                    |                      | 0.00   |
| 33d.   | List other secured debts:   |  |         |  |                         |                      |        |
| Name ( | of each creditor for other secured debt   | Identify property that secures the debt  |         | Does payment include taxes or insurance? | r                       |                      |        |
|        |   |  |         | □ No                                     |                         |                      |        |
|        | -NONE-  |  |         | ☐ Yes                                    | \$                      |                      |        |
| -      |   |  |         | _  | ٠.                      |                      |        |
|        |   |  |         | ☐ No                                     |                         |                      |        |
| _      |   |  |         | ☐ Yes                                    | \$                      |                      |        |
|        |   |  |         | □ No                                     |                         |                      |        |
|        |   |  |         | □ Yes                                    | +\$                     |                      |        |
| _      |   | -  |         |  | <b>-</b> φ.             |                      |        |
| 33e.   | Total average monthly payment. Add lin  | es 33a through 33d   | \$      | 4,723.00                                 | Copy<br>total<br>here=> | \$ 4,7               | 23.00  |
|        |   | ecured by your primary residence, a vehicl oport or the support of your dependents?                                      | е,      |  |                         |                      |        |
|        | No. Go to line 35.  |  |         |  |                         |                      |        |
|        |   | pay to a creditor, in addition to the payments ion of your property (called the <i>cure amount</i> ). Information below. |         |  |                         |                      |        |
| Name   | e of the creditor   | Identify property that secures the debt  |         | Total cure amount                        |                         | Monthly cu<br>amount | ure    |
| M &    | T Bank  | 8 Dellwood Dr. Florham Park, NJ 0793<br>Morris County  | \$      | 8,480.00 ÷                               | 60 = \$                 | 14                   | 1.33   |
|        |   |  | \$      | ÷  | 60 = \$                 |                      |        |
|        |   |  | \$      | ÷  | 60 = +\$                |                      |        |
|        |   |  |         |  |                         |                      |        |
|        |   | Total  | \$      | 141.33                                   | Copy<br>total<br>here=> | \$                   | 141.3  |
|        | o you owe any priority claims such as<br>e past due as of the filing date of you        | a priority tax, child support, or alimony - th   | at      |  |                         |                      |        |
|        | No. Go to line 36.  | Zama aproj 6466. 11 0.5.0. 3 507.  |         |  |                         |                      |        |
| _      |   | ese priority claims. Do not include current or   |         |  |                         |                      |        |
|        | Total amount of all past-due pri  | ·  | \$      | 78,900.00 ÷                              | - 60 =                  | \$1                  | ,315.0 |

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| Debtor 1     | Gera           | ald P Iorio  |                       | Case                 | number (if known |                |                      |           |
|--------------|----------------|--|-----------------------|----------------------|------------------|----------------|----------------------|-----------|
| F            | or more        | eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for Bankruptcy Basins for this form. Bankruptcy Basics may also be available                                   | ics specified         |                      |                  |                |                      |           |
|              | No.            | Go to line 37.   |                       |                      |                  |                |                      |           |
|              | Yes.           | Fill in the following information.   |                       |                      |                  |                |                      |           |
|              |                | Projected monthly plan payment if you were filing under  | ·                     | \$                   | S                |                |                      |           |
|              |                | Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for d and North Carolina) or by the Executive Office for Unite (for all other districts). | istricts in Ala       |                      | (                |                |                      |           |
|              |                | To find a list of district multipliers that includes your dis<br>the link specified in the separate instructions for this for<br>be available at the bankruptcy clerk's office.                            |                       |                      |                  | Conv           | ı total              |           |
|              |                | Average monthly administrative expense if you were fil   | ing under Ch          | apter 13             | \$               |                | => \$                |           |
|              |                | of the deductions for debt payment. es 33e through 36.   |                       |                      |                  |                | \$6                  | ,179.33   |
| Total        | Deduc          | tions from Income  |                       |                      |                  |                |                      |           |
| 38. <b>A</b> | dd all d       | of the allowed deductions.   |                       |                      |                  |                |                      |           |
|              |                | ne 24, All of the expenses allowed under IRS<br>e allowances   | \$                    | 16,684.47            |                  |                |                      |           |
|              | •              | ne 32, All of the additional expense deductions  | \$                    | 844.35               |                  |                |                      |           |
|              | Copy lin       | ne 37, All of the deductions for debt payment  | +\$                   | 6,179.33             |                  |                |                      |           |
|              |                |  |                       |                      |                  |                |                      |           |
|              |                | Total deductions   | \$                    | 23,708.15            | Copy total       | here=          | <b>*</b> \$          | 23,708.15 |
| Part 3:      | Det            | termine Whether There is a Presumption of Abuse  |                       |                      |                  |                |                      |           |
| 39. <b>C</b> | alculate       | e monthly disposable income for 60 months  |                       |                      |                  |                |                      |           |
| ;            | 39a. Co        | py line 4, adjusted current monthly income   | \$                    | 15,277.77            |                  |                |                      |           |
| ;            | 39b. Co        | py line 38, <i>Total deductions</i>  | -\$                   | 23,708.15            |                  |                |                      |           |
| ;            | 39c. Mc<br>Su  | onthly disposable income. 11 U.S.C. § 707(b)(2). obtract line 39b from line 39a  | \$                    | -8,430.38            | Copy<br>here=>\$ |                | 3,430.38             |           |
|              | For the        | next 60 months (5 years)   |                       |                      |                  | x 60           |                      |           |
|              |                |  |                       |                      |                  | 1              |                      |           |
| ;            | 39d. <b>To</b> | otal. Multiply line 39c by 60  | 39d.                  | \$50                 | 05,822.80        | Copy<br>here=> | \$                   | 822.80    |
| 40. <b>F</b> | ind out        | whether there is a presumption of abuse. Check the   | box that app          | lies:                |                  | L              |                      |           |
|              | The I          | ine 39d is less than \$9,075*. On the top of page 1 of the   | is form, ched         | ck box 1, <i>The</i> | re is no presu   | mption of ab   | use. Go to Part      | 5.        |
|              |                | line 39d is more than \$15,150*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.   | this form, ch         | neck box 2, Ti       | here is a pres   | umption of a   | <i>buse.</i> You may | fill out  |
|              | ] The I        | line 39d is at least \$9,075*, but not more than \$15,150  | <b>)*.</b> Go to line | 41.                  |                  |                |                      |           |
|              |                | to adjustment on 4/01/25, and every 3 years after that for   |                       |                      | e date of adju   | stment.        |                      |           |

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| Debtor 1 | Gera   | ald P lorio Ca   | ase number ( <i>if known</i> )                |                |                      |
|----------|--------|--|---|----------------|----------------------|
| 41.      | 41a.   | Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. | \$<br>x .25                                   | <b>.</b>       |                      |
|          | 41b.   | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I)   | \$  | Copy<br>here=> | \$                   |
|          |        | Multiply line 41a by 0.25  |   |                |                      |
| 25       | % of y | ne whether the income you have left over after subtracting all allowed ded<br>your unsecured, nonpriority debt.<br>e box that applies:   | uctions is enough to pa                       | у              |                      |
|          |        | <b>39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, <i>Ther</i> o Part 5.  | e is no presumption of ab                     | use.           |                      |
|          |        | <b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form, chec <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The   |   |                |                      |
| Part 4:  | Giv    | ve Details About Special Circumstances   |   |                |                      |
|          |        | we any special circumstances that justify additional expenses or adjustments alternative? 11 U.S.C. $\S$ 707(b)(2)(B).   | nts of current monthly in                     | ncome f        | or which there is no |
|          | lo. Go | o to Part 5.   |   |                |                      |
| □ Y      |        | I in the following information. All figures should reflect your average monthly expm. You may include expenses you listed in line 25.  | oense or income adjustme                      | ent for ea     | ach                  |
|          | ne     | bu must give a detailed explanation of the special circumstances that make the ecessary and reasonable. You must also give your case trustee documentation of justments.   |   |                |                      |
|          | G      |  | verage monthly expense<br>r income adjustment | е              |                      |
|          | _      |  | \$  |                |                      |
|          | _      |  | \$  |                |                      |
|          | _      |  | \$  |                |                      |
|          | _      |  | \$  |                |                      |
| Part 5:  | Sig    | ın Below   |   |                |                      |
|          | By si  | gning here, I declare under penalty of perjury that the information on this statem   | nent and in any attachmen                     | its is true    | and correct.         |
|          | χ /s/  | Gerald P Iorio   |   |                |                      |
|          | G      | erald P Iorio gnature of Debtor 1  |   |                |                      |
| Da       | `      | ine 23, 2022   |   |                |                      |
|          |        | M/DD/YYYY  |   |                |                      |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7:   |    | Liquidation        |   |
|--------------|----|--------------------|---|
| \$24         | 45 | filing fee         | - |
| \$7          | 78 | administrative fee |   |
| <u>+</u> \$1 | 15 | trustee surcharge  |   |
| \$33         | 38 | total fee          |   |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 22-15082-JKS Doc 1 Filed 06/23/22 Entered 06/23/22 10:35:29 Desc Main Document Page 57 of 59

B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court District of New Jersey

| In re       | Gerald P Iorio   | ·  | Case No.   |                                    |
|-------------|--|--|--|------------------------------------|
| 2.1.10      | 22.50  | Debtor(s)  | Chapter  | 7                                  |
|             | DISCLOSURE OF CO   | OMPENSATION OF ATTORN  | EY FOR DI  | EBTOR(S)                           |
| c           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bank ompensation paid to me within one year before rendered on behalf of the debtor(s) in conte  | re the filing of the petition in bankruptcy, or  | agreed to be paid                                  | to me, for services rendered or to |
|             | For legal services, I have agreed to accept  | <u> </u>   | \$   | 3,000.00                           |
|             | Prior to the filing of this statement I have   | received   | \$   | 3,000.00                           |
|             |  |  | \$   | 0.00                               |
| 2. T        | The source of the compensation paid to me wa   |  |  |                                    |
|             | ☐ Debtor ☐ Other (specify):  | David and Donna Iorio  |  |                                    |
| 3. T        | The source of compensation to be paid to me is   | s:   |  |                                    |
|             | ■ Debtor □ Other (specify):  |  |  |                                    |
| 4. <b>I</b> | I have not agreed to share the above-discle  | osed compensation with any other person unl  | ess they are mem                                   | bers and associates of my law firm |
| [           | ☐ I have agreed to share the above-disclosed copy of the agreement, together with a list   | compensation with a person or persons who of the names of the people sharing in the co   |  |                                    |
| 5. I        | n return for the above-disclosed fee, I have ag  | greed to render legal service for all aspects of   | f the bankruptcy of                                | case, including:                   |
| b<br>c      | <ul> <li>Analysis of the debtor's financial situation,</li> <li>Preparation and filing of any petition, schee</li> <li>Representation of the debtor at the meeting</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creding reaffirmation agreements and a 522(f)(2)(A) for avoidance of lier</li> </ul> | dules, statement of affairs and plan which may of creditors and confirmation hearing, and a store to reduce to market value; exempplications as needed; preparation ar | ay be required; uny adjourned hea  ption planning; | rings thereof;                     |
| 6. B        | By agreement with the debtor(s), the above-dis<br>Representation of the debtors in<br>any other adversary proceeding   | n any dischargeability actions, judicia  | rvice:<br>I lien avoidanc                          | es, relief from stay actions o     |
|             |  | CERTIFICATION  |  |                                    |
|             | certify that the foregoing is a complete staten ankruptcy proceeding.  | nent of any agreement or arrangement for pa  | yment to me for r                                  | epresentation of the debtor(s) in  |
| Ju          | ıne 23, 2022   | /s/ Scott D. Shermai   | า  |                                    |
| Do          | ate  | Scott D. Sherman   |  |                                    |
|             |  | Signature of Attorney MINION & SHERMA  | N  |                                    |
|             |  | 33 Clinton Road  | •  |                                    |
|             |  | Suite 105  |  |                                    |
|             |  | West Caldwell, NJ 0  |  | •                                  |
|             |  | (973) 882-2424 Fax<br>ssherman@minions   |  | 0                                  |
|             |  | Name of law firm   | merman.com   |                                    |

#### United States Bankruptcy Court District of New Jersey

|      |                               | 21501100 011(0)// 001509                            |                     |                       |
|------|-------------------------------|---|---------------------|-----------------------|
| re   | Gerald P Iorio                |   | Case No.            |                       |
|      |                               | Debtor(s)   | Chapter             | 7                     |
|      | VE                            | RIFICATION OF CREDITOR                              | MATRIX              |                       |
|      |                               |   |                     |                       |
| e ab | ove-named Debtor hereby verif | ies that the attached list of creditors is true and | correct to the best | of his/her knowledge. |
|      |                               |   |                     |                       |
| ate: | June 23, 2022                 | /s/ Gerald P Iorio                                  |                     |                       |
|      |                               | Gerald P Iorio                                      |                     |                       |
|      |                               | Signature of Debtor                                 |                     |                       |

Bank of America Attn: Bankruptcy 4909 Savarese Circle Tampa, FL 33634

Bank of America Attn: Bankruptcy Nc4-105-03-14 Po Box 26012 Greensboro, NC 27420

Chase Card Services Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850

Damiano M. Fracasso, Esquire 119 HIGH ST 1ST FLOOR PO BOX 528, Hackettstown, NJ 07840

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Elizabeth M. Foster-Fernandez, Esq. 55 Madison Ave. Suite 400 Morristown, NJ 07960

Ivette Ramos Alvarez, Esq. CHARLES ALVAREZ, ESQ., LLC 149 Washington Street 1st Floor Bloomfield, NJ 07003

Jeanine Iorio 8 Dellwood Dr. Florham Park, NJ 07932

M & T Bank Attn: Bankruptcy Po Box 844 Buffalo, NY 14240